

MERCY TRAINING INSTITUTE, INC
APPLICATION FORM FOR STUDENT ADMISSION

Please complete this form and return it to:

Admissions – Mercy Training Institute, 200 F Pomona Drive, Greensboro, NC 27407

Tel: 336-686-2932 ; email: mercy@mercyti.com

Notes

- Applications can take up to two weeks to process.
- This form can be emailed or posted to us, together with the required supporting documents.
- Please read the additional notes on the last page of this application form.
- Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible
- All sections of this form must be completed in full. Failure to do so will result in your form being returned to you.

Please **TYPE** or **PRINT** all your details in this form where possible, but note that all signatures must be handwritten.

Section 1 – Applicant details

Personal details			
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Other (please specify)	
First name		Middle name(s)	
Last name			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of birth	<div style="display: flex; justify-content: space-around; align-items: center;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>		
Social Security Number	<div style="display: flex; justify-content: space-between; align-items: center;"> _____ _____ _____ </div>		

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NURSE AIDE 1

Course Applying For

Please give the course you wish to apply for (Nurse Aide 1)

Deadlines for Registrations of this application

If you wish to start the Nurse Aide 1 program, we must receive this application together with the fee, by the dates below. You cannot start the program until you have been admitted as a student member so it is important that you adhere to this timescale.

Application must be received (Registration end dates)

Applicant Desired Program Start Date: _____

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Address details

If you fail to provide a current correspondence address, telephone number and email address (in clear typing or handwriting) this will result in the application being returned to you.

This may cause delay if you wish to undertake the forthcoming examinations.

Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.

Which address you would like correspondence from the Institute and Faculty to be sent to?

Home

Office

Current residential address

Address

City/town

Zipcode

County

COUNTRY

Telephone number

() -

Mobile number

() -

Personal email address

(please print very clearly)

Current employment address:

If you are currently unemployed please tick here

Company name

Position/Job title

Department

Company address/City and Zipcode

Telephone Number

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Section 2 – Education and qualifications

Please give your full education history with the qualifications awarded.

The admission criteria can be found on the website at www.mercyti.com

You must provide proof of all qualifications with your application. To do so you must provide **certified copies** of education certificates

Eligibility for prospective students:

MTI shall require one or more of the following:

- High School Transcripts
- General Educational Development (GED) certification
- College Transcripts

Name of High School Attended:

Print Clearly Full name of High school and City /State

Did you obtain a High School Diploma or Equivalent (GED): Please provide copies of Transcripts:

Yes _____ No _____

Month/Year Achieved _____

Name of College Attended :

Print Clearly Full name of College and City /State

Did you obtain a Diploma : Please provide copies of Transcripts:

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Yes _____ No _____

Month/Year Achieved _____

Section 3 – Method of payment for Application /Registration Fee

Registration Fees \$ 100 : This is due on the day of this application

Registration Periods

Enrollment occurs on an ongoing basis, but notice is needed at least two weeks prior to a course's start date.

Payment details

Please read the notes on the previous page and ensure that you pay the correct fee

NAME OF APPLICANT

<input type="checkbox"/>	Check	<p>Cheques must be made payable to: MERCY TRAINING INSTITUTE</p> <p>Post dated cheques will not be accepted. Checks that are returned will be charged \$65 dollar fee. Privilege for using checks will also be lost.</p>
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<input type="checkbox"/>	Card	I authorize you to debit \$ _____ from the following account:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Amex <input type="checkbox"/>
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Card no	Start date	Expiry date	Security code																																	
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Name of cardholder	Signature of cardholder	Date	
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The total fee that I am paying, or that I authorize you to debit from my payment card, is

\$

By signing below, I confirm and acknowledge to the terms and conditions on this student application.

PRINT NAME

SIGNATURE

DATE

AUTHORIZED SIGNATURE, MERCY TRAINING INSTITUTE INC

DATE