



**Next of Kin**

Mother  Father  Guardian  Spouse  
 other (please specify) \_\_\_\_\_  
 Mr.  Mrs.  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Province/State: \_\_\_\_\_ ZIP/PC: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**How did you learn about the Distance Nursing Program at St. Francis Xavier University?**

poster/advertisement at workplace  
 advertisement in newspaper/magazine/journal; please specify name of publication \_\_\_\_\_  
 information from co-worker  
 information from graduate of the program  
 internet  
 other (please specify) \_\_\_\_\_

**Do you have access to a computer on a regular basis?**

yes  no If yes,  home  work  both

*I hereby agree to abide by all the rules and regulations that apply to students of StFX university and acknowledge that my right to remain at StFX is subject to my observance of them. The information in this application is complete and correct to the best of my knowledge. I acknowledge that StFX is required to abide by the Freedom of Information and Protection of Privacy legislation as it applies to universities.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Work Experience**

You must have at least one year of clinical experience. List work experience as an RN, beginning with current or most recent position.

Date	Position	Agency	Phone #

**Other Learning Activities**

\_\_\_\_\_  
\_\_\_\_\_

**A complete application comprises the following items:**

I have enclosed a copy of my current RN registration.  
 Official copy of Grade XII marks will be forwarded.  
 Official Nursing Diploma transcript(s) will be forwarded from \_\_\_\_\_.  
 Official University transcript(s) will be forwarded from \_\_\_\_\_.  
 Personal Statement enclosed (brief explanation of why you are applying to program)  
 One letter of reference will be forwarded by my referee (form enclosed).  
My referee is:  
 Enrollment Fee **\$60.00**, Certificate Programs (**Payable to St. Francis Xavier University**)  
 cheque/money order enclosed  
 Visa/MasterCard No. \_\_\_\_\_ Expiry \_\_\_\_\_

**Please mail to:**

**Admissions Office  
St. Francis Xavier University  
PO Box 5000  
Antigonish, NS B2G 2W5 Canada**



Return form to:  
**Admissions Office**  
 St. Francis Xavier University  
 P.O. Box 5000  
 Antigonish, Nova Scotia B2G 2W5

**CONFIDENTIAL REPORT  
 on APPLICANT**

- Certificate in Continuing Care
- Certificate in Gerontological Nsg.

**CANDIDATE'S NAME:** \_\_\_\_\_

Candidate has applied for entry into a program of study (part-time), leading to a Bachelor of Science in Nursing Degree. All students are required to submit a letter of reference. The form below serves this purpose. Your evaluation is an important part of the admission process. Please send this completed form directly to the address at the top of page.

**5** Excellent      **4** Above Average      **3** Average      **2** Below Average      **1** Poor

*Please rate candidate in as many of the following as possible.*

**GENERAL QUALITIES**

**YOUR RATING OF CANDIDATE (circle)**

Self-Discipline	5	4	3	2	1
Motivation for Self-Improvement	5	4	3	2	1
Initiative	5	4	3	2	1
Sense of Responsibility	5	4	3	2	1
Intelligence	5	4	3	2	1
Communication Skills (Verbal)	5	4	3	2	1
Communication Skills (Written)	5	4	3	2	1
Group Leadership Ability	5	4	3	2	1
Health	5	4	3	2	1
Sense of Co-operation	5	4	3	2	1
Punctuality	5	4	3	2	1

**PROFESSIONAL QUALITIES**

Quality of Nursing Care	5	4	3	2	1
Relations with Co-workers	5	4	3	2	1
Inservice Participation	5	4	3	2	1
Relations with Patients	5	4	3	2	1
Professional Judgement	5	4	3	2	1
Work Habits	5	4	3	2	1

**SEE REVERSE**

How long and in what capacity have you known the candidate?

What do you consider the candidate's strongest assets in relation to pursuing a program of university studies?

What do you consider the candidate's major limitations?

**ADDITIONAL COMMENTS:**

***Please Print***

Name: \_\_\_\_\_

Professional Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_