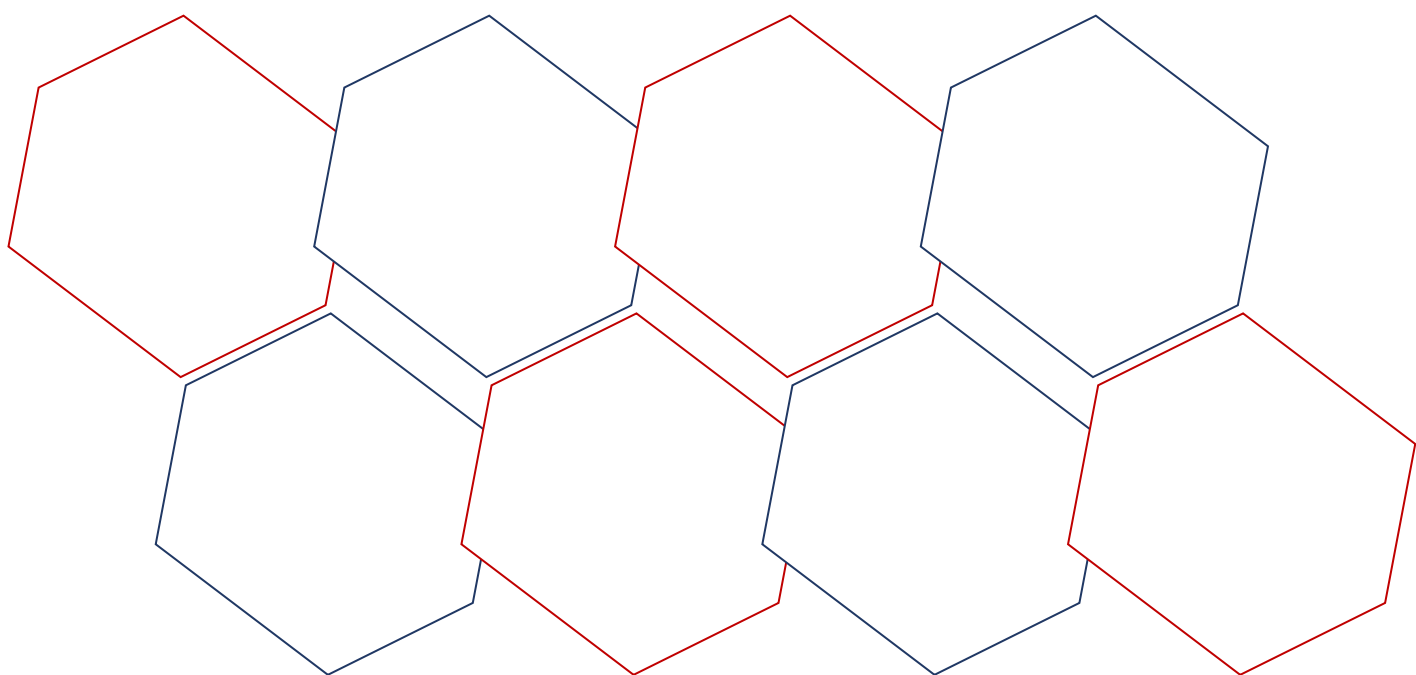




SIERRA LEONE

Application form



2025

GETTING THE APPLICATION RIGHT

1. Read this section carefully before you start.
2. Fill in all relevant sections of the form. Please write in CAPITALS.
3. Do not forget to attach your photo and supporting documents.

FILLING THE FORM

General Instruction

You may find here instructions on how to fill in the various sections of the application form. Not all sections have specific instructions, as most of them are self-explanatory. Please find below the ones that need your attention.

a. Personal details

Please give your name as it appears on your National ID Card. If your forename and family name are not clear, your application could be delayed.

b. Contact details

It is essential that the institute is notified of any change of address/email at the earliest opportunity.

c. Programme of study details

Please specify the programme you are applying for. If you have relevant experience and are applying for the one-year diploma, check the corresponding box.

d. Previous education

Applicants must submit their previous certificates or results with the completed application form to our office. We strongly encourage applicants to provide additional information to strengthen their application.

e. Application processing fee details

Processing Fee: Le. **250**

Kindly make the payment and attach the bank slip along with your completed application form for submission.

Bank details:

Information	Account Type (SLL)
Bank Name	Sierra Leone Commercial Bank Limited
Account Name	Institute for Health Professional Development (SL) Ltd.
Account (BBAN) Number	003001166973112139

f. Checklist

All applicants must submit the following documents with their completed application form to the Institute for Health Professionals Development (IHPD). Applications may not be processed without these documents. Original documents may be required for verification upon registration.

g. What happens after we receive your application?

1. As soon as we get your application, it is processed and assessed by the Admissions Office and the relevant academic department.
2. When the assessment is complete and a recommendation is made, we notify you through email.

For Admission Office Use

Registration No: _____

Registration Status: _____

CERTIFICATE / DIPLOMA APPLICATION FORM

Date: _____

Attach your photo here

Section A: Personal details

1. Surname or Family Name: _____
2. First Name/Middle Name: _____
3. Title: Mr ☐ Ms ☐ Miss ☐ Mrs ☐
4. Father's Name: _____
5. Mother's Name: _____
6. Date of Birth: DD/MM/YY ____/____/____
7. Place of Birth: _____
8. Gender: Male ☐ Female ☐
9. Nationality: _____
10. National ID Number: _____

Section B: Contact Details

11. Permanent (Home) Address:

12. Mobile Number: _____

13. Email: _____

Section C: Program of Study Details

14. Program of Study: Certificate ☐ 2-Year Diploma ☐ 1-Year Diploma ☐

15. Title of Program (Tick the program you are applying for)

<input type="checkbox"/> Public Health	<input type="checkbox"/> Public Health Nursing
<input type="checkbox"/> Infection Prevention and Control	<input type="checkbox"/> Public Health Nutrition
<input type="checkbox"/> Biostatistics and Epidemiology	<input type="checkbox"/> Health Data Science
<input type="checkbox"/> Information Communication & Technology	<input type="checkbox"/> Environmental Health
<input type="checkbox"/> Community Health and Development	<input type="checkbox"/> Health Systems Management
<input type="checkbox"/> Healthcare Service Management	<input type="checkbox"/> Health Promotion & Education
<input type="checkbox"/> Health Economics	<input type="checkbox"/> Supply Chain Management in Health
<input type="checkbox"/> Human Resource for Health Management	<input type="checkbox"/> Pharmaceutical Technology
<input type="checkbox"/> Medical Records and Health Informatics	<input type="checkbox"/> Foundation in Health Sciences

Checklist

1. Certified Copy of the High School Leaving Certificate. | Enclosed ☐
2. Copy of your National ID. | Enclosed ☐
3. Photograph. | Enclosed ☐
4. Application form fee, bank slip. | Enclosed ☐

Declaration

All decisions made by IHPD are made in good faith based on the information provided in your application form. If IHPD discovers that you have made a false statement or omitted significant and relevant information, we reserve the right to withdraw or amend any offer of admission, depending on the circumstances. If you have already started a programme, you may be required to withdraw.

By submitting this application,

I confirm that, to the best of my knowledge, the information provided is complete and accurate. I understand that any offer of admission to IHPD is based on the information in this form, and if found to have provided false information, the offer may be withdrawn. If admitted, I agree to abide by IHPD's regulations in effect at the time.

Signed: _____

Date: _____

Please return the completed form to:

Institute for Health Professionals Development (IHPD)

Admissions Office
63 Main Freetown Waterloo Highway,
Deep Eye Water Junction.
Email: info@ihpd-sl.org
Website: www.ihpd-sl.org