

DAVAO MEDICAL SCHOOL FOUNDATION

BAJADA, DAVAO CITY, PHILIPPINES

COLLEGE OF MIDWIFERY

APPLICATION FOR ADMISSION
TO THE FIRST YEAR CLASS

(Note: All items must be filled out completely)

NAME OF APPLICANT:

(Family Name)

(Given)

(Middle)

Mailing Address: _____

Cellphone no. : _____ Tel no. : _____

Homes Address : _____

_____ Tel no. : _____

Paste here a recent 2"x 2"
Photograph

PERSONAL DATA

Age: _____ Date of Birth: _____ Place of Birth _____

Sex: _____ Civil Status : _____ Religion _____ Citizenship (at birth) _____

Height (feet-inches) _____ Weight (Pounds) _____

Medical History: Please list any illness (physical/mental) which you had within the last 5 years. Do you have any physical disability which might interfere with the practice of Nursing?

_____ YES _____ NO. If Yes, please state.

Have you been convicted in court of any offense? _____ YES _____ NO. If YES, please explain, using additional sheets if necessary.

ABOUT YOUR FAMILY

Father's Name: _____ Mother's Name: _____

Occupation : _____ Occupation : _____

Address : _____ Tel. No./ Cellphone No. _____

What is/are their source(s) of income?

_____ Salaries _____ Income from farm _____ Others: _____

_____ Commissions _____ Income from rentals _____

_____ Pension _____ Income from business _____

How many brothers do you have? _____
 How many brothers are in high school? _____
 How many brothers are in college? _____
 Please state the courses your brothers
 have completed or are still taking

How many sister do you have? _____
 How many sister are in high school? _____
 How many sister are in college? _____
 Please state the courses your sister
 have completed or are still taking

EDUCATIONAL BACKGROUND

	School Attended	Location	Date
ELEMENTARY			
SECONDARY			

Have you earned academic honors in high school? _____ YES _____ NO
 If YES was it: _____ Valedictorian _____ First Honor Others _____
 _____ Salutatorian _____ Second Honor _____

Name and Address of the School Granting the Degree in College _____
 Degree obtained _____
 Date of Graduation _____

Have you earned academic honors in college? _____ YES _____ NO
 If YES, please list: _____

For those who did not proceed to Midwifery immediately after graduation from High School: what did you do after graduation?

- _____ Took another course. Please list them with the school where they were taken, and when
- _____ Worked as employee _____
- _____ Worked in family business _____
- _____ Engaged in own business _____
- _____ Stayed at home _____
- _____ Others _____

Other than academic subjects and routine activities, what other subjects or activities are you interested in?

_____ School Organizations _____	Musical: Vocal _____	_____ Philately
_____ Religious activities _____	Music: instruments _____	Others: _____
_____ Socio- civic action _____	Classical/folk dance _____	
_____ Sports _____	Creative writing _____	

Please list down other skills or work experience that you have may be useful in the study/practice of Midwifery.

Is this your first time to seek admission to the Midwifery program? _____ YES _____ NO

If NO, what happened to your application?

_____ Accepted and enrolled at _____ (Name of Nursing school)
_____ Accepted but did not enroll at _____ (Name of Nursing school)
_____ Application was not approved

Is this your first time to seek admission to the Davao Medical School Foundation? _____ YES _____ NO

If NO, what happened to your application? _____

ABOUT YOUR FUTURE PLANS:

What influence you greatly in taking up Midwifery as a career?

_____ Advice of parents	_____ Illness in family	Others: _____
_____ Advice of brother/sister	_____ Prestige of profession	_____
_____ Advice of relatives	_____ Awareness of health	_____
_____ Advice of friends	_____ Needs of community	_____

How will your Midwifery education be supported?

_____ Parents	_____ Approved	Others: _____
_____ Phil Veteran Benefit	_____ Still being processed	_____
_____ Scholarship	_____ Planning to apply	_____
_____ Name of Scholarship	_____	_____

What are your sources of information about this Midwifery school?

_____ Parents	_____ Brother/Sister	Others: _____
_____ Family friends	_____ Teachers in college	_____
_____ Friends who are	_____ Newspaper ad	_____
_____ Students here	_____ Convocation	_____
_____	_____ Internet	_____

If you will be studying here in Davao City, where will you most likely be staying?

_____ At home, with parents	Others: _____
_____ At a boarding house/dormitory	_____
_____ At an apartment with relatives	_____
_____ At the house of relatives	_____

Do you have brother(s) or sister(s) enrolled in Davao Medical School Foundation? _____ YES _____ NO

If YES, please write their names : _____

I hereby certify on my word of honor that the foregoing entries are true and correct to the best OF MY KNOWLEDGE.

NOTE TO APPLICANT:

All communications pertaining to this application will be sent to you at your mailing address. If you will not be at this address for sometime, arrange for someone to transmit the communication to you, or notify us for any change of address as soon as possible.

Signature of Applicant

Send this application to : OFFICE OF THE DEAN
Davao Medical School Foundation
Bajada, Davao City, Philippines
P.O. Box 251
Fax No. (082) 225 - 3117
Email : midwifery@email.dmsf.edu.ph
Website : www.dmsf.edu.ph

Do not write in this space.

Submit this application together with:

- a) Photocopy of Form 138 (informative copy only – for evaluation)
- b) Photocopy of Good Moral
- c) Photocopy of Birth certificate
- d) 1 copy of 2x2 size photo with the name written on the lower portion of the picture.