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NURSING GRANT APPLICATION FORM

FULL NAME: MR / MISS / MRS

AGE:

ADDRESS:

BARBADOS ID #:

NURSING
PROGRAMME:

INSTITUTION:

The following documentation must accompany your application:

1. Official transcripts from your institution. Must include the most recent semester completed
2. Proof of Barbadian nationality or citizenship
3. Proof of cost of tuition
4. Two written character reference from a current or previous nursing educator
5. Copies of assessments re QEH attachments
6. Essay (typed and signed) on the subject: Why I Have Chosen Nursing as a Career* or

My Future Goals for Advancement in Nursing**

* Persons now entering the nursing field

** Persons pursuing further qualifications

Signature of Applicant:

Date: