

SECTION A: APPLICANT'S PERSONAL AND ACADEMIC INFORMATION

INSTRUCTIONS					Passport Size photo
<ul style="list-style-type: none"> Please read through the form carefully before filling it in. Provide information where appropriate. Attach all supporting documents (i.e. MSCE results, National ID, letter to prove vulnerability or stamped letter from chief). Please write in block letters and mark with "x" where appropriate e.g. [x] <p>Note: All certificates submitted will be re-verified with the Malawi National Examinations Board .</p>					
Surname (Family Name):		First (Given) Name:		Another name (if Any):	
Date of Birth (DD/MM/YYYY)	____/____/____	Age:		Sex:	<input type="checkbox"/> Male: <input type="checkbox"/> Female:
Place of Birth:		T/A:		District:	
National Identification Number (ID Number) if applicable		Passport Number:		Phone Number:	
Alternative number:		Email Address:			
Permanent/Home Address:	Village:		T/A:		District:
Postal Address:					
Current contact address applicant:		Village:	T/A:	District:	

Academic Qualification(s): MSCE, GCE, or Other (Please Specify)

Certificate No:

Year Obtained:School:Postal/Physical address:

.....

SUBJECTS TAKEN	GRADE	SUBJECTS TAKEN	GRADE
English		Physical Science	
Mathematics			
Biology			
Physics			
Chemistry			
Geography			

An aggregate of Best Six Subjects including English:

Specify under which category you are applying

- ☐ Refugee
☐ Internally Displaced Person (IDP)
☐ Person Living with Disability (PWD)
☐ Vulnerable

If you ticked refugee fill in the following

Refugee Identification Number:		Refugee hosting community:	
Refugee settlement/camp within vicinity:		Country of Origin:	
Current Contact Address for Refugee Applicants		Village:	
		District:	

If you ticked living with disability, fill in the following

What is the form of disability and what support do you require?

Draw a sketch map of your current home from the nearest trading town or available institution to enable us to locate you (To be filled in by every applicant).

SECTION B: NEXT OF KIN INFORMATION.

Parent/Guardian's details	Father /Male Guardian	Mother /Female Guardian
Full Names		
Parent / Guardian's telephone number and email address		
Relationship to the Applicant		
Physical Address (Village, GVH, TA, District):		

SECTION C: FAMILY BACKGROUND INFORMATION (Tick where applicable)

QUESTIONS	Tick where applicable
Who do you live with?	<input type="checkbox"/> Father alone <input type="checkbox"/> With both parents <input type="checkbox"/> Mother alone <input type="checkbox"/> Other (Specify)
Are any of your parents deceased? (Tick as appropriate)	<input type="checkbox"/> Both parents deceased <input type="checkbox"/> Father deceased <input type="checkbox"/> Mother deceased <i>Attach stamped letter from your chief/religious leader/ social welfare worker certifying death of one or both parents</i>
If Alive, indicate: Parent/Guardian's age:	
Who is the head of the household where you live?	<input type="checkbox"/> Self <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandmother/Father <input type="checkbox"/> Other relatives/guardian

What is the highest level of education of the head of household?	<input type="checkbox"/> University graduate <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate level <input type="checkbox"/> MSCE <input type="checkbox"/> Primary level <input type="checkbox"/> Never attended School.
What is the occupation of the head of household?	<input type="checkbox"/> Employee. <input type="checkbox"/> Self-employed <input type="checkbox"/> Commercial farmer <input type="checkbox"/> Smallholder farmer. <input type="checkbox"/> Fishers <input type="checkbox"/> Retired. <input type="checkbox"/> Casual Laborer <input type="checkbox"/> Business/Entrepreneur <input type="checkbox"/> Unemployed
What is the monthly average income of your household head?	MWK:

Who has been paying your school fees?	<input type="checkbox"/> Self <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other relatives <input type="checkbox"/> Other (institutions)
Do any of your parents or your household head live with disability or chronic illness?	<input type="checkbox"/> Yes. <input type="checkbox"/> No
If yes to above question, please give details:	
How many of your siblings are above 18 years?	
How many of your siblings are below 18 years?	
What is the total number of people in the household?	
What source of power does the household have for lighting and cooking?	<input type="checkbox"/> ESCOM Power

	<input type="checkbox"/> Solar <input type="checkbox"/> Firewood/Charcoal. <input type="checkbox"/> Paraffin <input type="checkbox"/> Gas
Describe your house's condition	<input type="checkbox"/> Number of rooms – <input type="checkbox"/> Type of floor – <input type="checkbox"/> Type of wall – <input type="checkbox"/> Type of roofing -
What is the source of water for domestic use like drinking, cooking, washing?	<input type="checkbox"/> Piped water <input type="checkbox"/> Borehole <input type="checkbox"/> River/lake/Swamp. <input type="checkbox"/> Rainwater <input type="checkbox"/> Well
Have you ever received any kind of bursary or any other support from other institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , mention the institutions and describe the support you get. If not, ignore this question.	

SECTION D: LEADERSHIP EXPERIENCE.

Describe previously held leadership positions, activities, or experiences: (i.e. Positions where the applicant has guided or led a group of people, a project, or a cause).	
State any award received from your previous schools or community or any outstanding leadership performance.	

SECTION E: COMMUNITY SERVICE EXPERIENCE.

Have you been involved in any voluntary work in your community?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes , explain what your role was and what you did.	

How do you think your voluntary work contributed to the community? Please describe your aspirations for social change and how you plan to use your career to contribute to social change in your own community.

Which sectors do you plan to impact through your career aspirations?	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Social & Humanitarian services
	<input type="checkbox"/> Skilled Trades	<input type="checkbox"/> Health & Medical
	<input type="checkbox"/> Small Business / Entrepreneurial	<input type="checkbox"/> Information Technology
	<input type="checkbox"/> Religious	<input type="checkbox"/> Public Service / Government
	<input type="checkbox"/> Other – please explain below _____	

How did you hear about this Bursary Program?	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Poster	<input type="checkbox"/> TV	<input type="checkbox"/> Radio	<input type="checkbox"/> FAWEMA Staff
	<input type="checkbox"/> social media	<input type="checkbox"/> Friend			
	<input type="checkbox"/> Other specify.....				

SHORT ESSAY QUESTION.

This question will support our assessment for your suitability by the Selection Committee. Please answer the question carefully, honestly, and completely.

1. State your reasons for applying to the FAWEMA/Mastercard Foundation Program bursary and describe any specific reasons that will help the bursary technical committee to consider your need for this opportunity. How do you think your community will benefit from you during and after your studies? (Maximum 200 words).

Application Form Checklist for Applicants [X]

- | | |
|---|-----|
| 1. Application form completely filled out accurately | [] |
| 2. Certified High School Certificate/Statement of results | [] |
| 3. Copy of MSCE Certificate/Notification of Results or its equivalent M | [] |
| 4. ID/Passport/Driver's License / Refugee ID Attach two | [] |
| 5. Recommendation letter signed and stamped from (social welfare, Church or Tradition leader. | [] |
| 7. Proof of vulnerability *Stamped letter from your Chief* | [] |

Declaration:

I....., certify that all the answers/ information I have given in this application are complete and accurate to the best of my knowledge and, if admitted, I agree to observe all the terms and conditions of the Bursary Programme. Failure to do so can result in disciplinary action. I confirm that all documents submitted as part of this application are authentic and that any falsification of admission and/or academic records through omission or misrepresentation in this application may result in the cancellation of my bursary and/or other disciplinary action by FAWEMA.

Furthermore, I understand that this information and my personal records may be submitted to the FAWEMA and Mastercard Foundation Program and used for evaluation and other program purposes. All information will be kept in strict confidence and will not be released in any way that would permit individual identification. I authorize the release and use of this information, as described above, to the FAWEMA and Mastercard Foundation Program.

Applicant Signature: _____

Date: _____

Parent/Guardian Name (Optional): _____

Signature _____

Date: _____



In partnership with



COURSE OF ADMISSION AT MALAWI COLLEGE OF HEALTH SCIENCES

1. Nursing and Midwifery Technician Diploma – Zomba campus
2. Diploma in Clinical Medicine - Lilongwe and Blantyre campuses

Indicate the choice of diploma course	
First choice	
Second choice	
Indicate the choice of college campus	
First Choice	
Second Choice	

PRELIMINARY DATA AND CONSENT

DATA SUBJECT CONSENT FORM

In accordance with The Malawi Data Protection Act (MDPA) of February 2024 which came into force on June 3, 2024, FAWEMA is requesting consent from the applicants of the MCHS bursary programs to get data. This Data Subject Consent Form is designed to obtain express, unequivocal, free, specific, and informed consent transparently and legally.

TYPES OF PERSONAL DATA AND PURPOSE OF PROCESSING ACTIVITIES

FAWEMA seeks your consent to process the below personal and sensitive personal data for tracking/tracing of program participants and verification, performance analysis, and impact over the years.

- **Contact Information** – For confirmation and future correspondence where needed. We intend to collect more data on the impact later and socio-transformational change experienced.
- **Gender** - The program collects gender data to ensure equal opportunities and tailor program outcomes that promote gender equality, ensuring our programs meet diverse needs effectively.
- **ID or Passport number** - For verification and confirmation.
- **Education achievement** - To enable the program to tailor program support, assess participant needs, and ensure that our offerings effectively promote learning and skill development.
- **Residential/Location address** - To trace and track the geographical coverage of the program.

DATA SHARING & SAFEGUARDS

The data will be processed and used by FAWEMA, specifically the Programmes, Communications and Monitoring & Evaluation. FAWEMA will not share any personal data with any other third party. FAWEMA implements reasonable technical and organizational safeguards to protect personal information from accidental or unlawful destruction, loss, alteration, unauthorized disclosure of, or access to personal data.

DATA SUBJECT RIGHTS

You have the right to withdraw consent or exercise your data subject rights to be informed, access,



In partnership with



rectification, erasure, restriction of processing, data portability, and object and in relation to automated decision making and profiling by sending a request to administration@fawema.org Withdrawal of consent will not affect the lawfulness of processing based on consent before its withdrawal.

I, the undersigned, hereby acknowledge that I have read and understood the contents of this consent form. By providing my consent, I agree to the processing of my personal data by FAWEMA in accordance with the purpose(s) outlined herein.

I Do Not Consent

"I, _____, hereby consent/assent to FAWEMA Malawi processing the personal information provided in this application form to determine my eligibility for the bursary."