INTERNATIONAL INSTITUTE OF MEDICINE AND MANAGEMENT STUDIES (IIMMS) LTD

Beau Plateau Road, Goodlands, Mauritius

Email: admissioniimms@gmail.com / Contact No. +23057625763

Website: www.iimms.org

INTERNATIONAL INSTITUTE OF MEDICINE AND MANAGEMENT STUDIES MAURITIUS

Application Form

Course: Level 4 Extended Diploma in Health and Social Care

For Local and International Students

Instructions:
Please complete this form in block letters or type clearly. All sections should be completed accurately. Tick where needed. Incomplete forms may delay processing.

SECTION 1: COURSE INFORMATION

Field	Details
Programme Applied For	Level 4 Extended Diploma in Health and Social Care
Intake	July 2026
Mode of Study	Blended learning (face-to-face and online)
Student Category	Local Student [ ] International Student [ ]

SECTION 2: PERSONAL DETAILS

Field	Details
Surname	
First Name(s)	
Date of Birth	
Gender	
Nationality	
Country of Birth	
Marital Status	
National ID No. / Passport No.	
Place of Issue	
Date of Issue	
Expiry Date	

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SECTION 3: CONTACT DETAILS

Field	Details
Residential Address	
Postal Address, if different	
Telephone	
Mobile	
Email Address	
Emergency Contact Name	
Emergency Contact Relationship	
Emergency Contact Number	

SECTION 4: EDUCATIONAL BACKGROUND

Qualification	Institution	Year Completed	Result / Grade

SECTION 5: EMPLOYMENT DETAILS (IF ANY)

Field	Details
Current Status	Employed [ ] Unemployed [ ] Student [ ] Self-employed [ ]
Employer Name	
Job Title	
Work Address	
Work Telephone	
Brief Description of Duties	

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SECTION 6: ENGLISH LANGUAGE DETAILS

Field	Details
First Language	
English Proficiency	Excellent [ ] Good [ ] Fair [ ] Basic [ ]
English Qualification, if any	

SECTION 7: PERSONAL STATEMENT

Please explain why you wish to join this programme and how it supports your academic or career goals.

SECTION 8: PARENT / GUARDIAN DETAILS

For applicants under 18 years of age only

Field	Details
Name	
Relationship	
Telephone	
Email	
Signature	

SECTION 9: DOCUMENTS TO ATTACH

Please submit the following documents before registration:

- ☐ Certified Academic Certificates
- ☐ Academic Transcripts
- ☐ Passport / National Identity Card
- ☐ Birth Certificate
- ☐ Passport-size Photographs with only white background

☐ Medical Fitness Certificate

☐ Proof of English Language Proficiency (where applicable)

☐ Updated Curriculum Vitae including email address and Contact Number/Guardian Number

☐ Payment Receipt of Registration Fees

☐ Affidavit Document in case of any discrepancy on Birth Certificate, Passport and School Certificates

☐ Any additional documents requested by the Admissions Office

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SECTION 10: DECLARATION

I confirm that the information provided in this application form is true and complete to the best of my knowledge. I understand that any false declaration may lead to the cancellation of my application or admission.

Field	Details
Applicant Name	
Applicant Signature	
Date	

SECTION 11: OFFICE USE ONLY

Field	Details
Application Reference No.	
Date Received	
Received By	
Documents Verified	Yes [ ] No [ ]
Interview Required	Yes [ ] No [ ]
Decision	Accepted [ ] Pending [ ] Rejected [ ]
Remarks	

SUBMISSION DETAILS

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