

15. *In what capacity were you employed?*.....
16. *Have you ever been connected in any way with any hospital or training school; if so, where, when, how long and in what capacity?*.....
17. *The names and addresses of two persons (not relatives) to be referred to. If previously employed, one of them must be that of your last employer*
18. *Of what Religious Denomination are you a member?*.....
19. *If accepted, when can you come?*.....
20. *You are further required to send with this a certificate from Clergyman, Physician and Dentist*

I, the undersigned, declare the above answers to be correct and true, and if accepted I will agree to conform, in all respects, to the rules of the Hospital and the requirements of the School.

.....
Candidate.

Date.....

3rd.—Return same to the Directress of Nurses with three certificates, one from your clergyman, one from your physician, and one from your dentist. The physician's form to be filled in will be enclosed with the application, and is as follows:

Name Age.....

Previous Residence.....Previous Occupation.....

Family History.....Personal History.....

PHYSICAL EXAMINATION:

(a) *Development—Nutrition—Temperament, etc.*

(b) *Eye—Ear—Nose—Throat—Teeth, etc.*

(c) *Respiratory System*

(d) *Circulatory System*

(e) *Digestive System*

(f) *Nervous System*

(g) *Glandular System*

(h) *Integumentary System*

(i) *Locomotor System*

(j) *Genito-Urinary System*

(k) *Remarks or Recommendations*

Signed,

.....
Medical Examiner.

Dated.....