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APPLICATION FORM

INTERNATIONAL NURSING COURSE

OFFERED BY THE

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

IN CONJUNCTION WITH

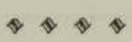
BEDFORD COLLEGE FOR WOMEN

(UNIVERSITY OF LONDON)

AND

THE COLLEGE OF NURSING

LONDON



SESSION 19 39-19 40

Name in Full Hazel Eloise Hughes
(Typewritten or printed in Capitals)

Home Address 67 College Street, Toronto, Ontario Canada.

Nationality British Date of Birth April 3 1897. 42

Religion Protestant

Single Yes Married _____ Widow _____

Name and Address of Nearest Relative Mr. S.A. Hughes, 32, Roxborough Drive.
Toronto, Ontario, Canada.

GENERAL EDUCATION.

Secondary or High School.

Name and Place of School Parkdale Collegiate Institute, Toronto, Ontario.

Dates of Entry and Leaving 1914 - 1916 inclusive.

Special Subjects Matriculation course.

Certificate or Diploma obtained Course not completed.

College or University.

Name and Place of College _____

Dates of Entry and Leaving _____

Special Subjects _____

Diploma or Degree obtained _____

Part-time or Evening Classes (State nature of class, length of attendance and certificate obtained)

PROFESSIONAL QUALIFICATIONS.

	NAME AND PLACE	DATE OF ENTRY	DATE OF LEAVING	CERTIFICATE OR DIPLOMA OBTAINED
Nursing Training	Hospital for Sick Children, Toronto	Oct. 1918	June 1922	October, 1921.
Training in Special Branch of Nursing	Post Graduate in Obstetrical Nursing			
Post Certificate Courses	Royal Victoria Montreal Maternity Hospital	July 1933		Certificate

Are you a State Registered Nurse in your Country? Yes

Experience since completion of training (give dates)

Special Duty nursing.

Nurse in charge of Surgical Nursing, May 1936 - May 1939

Staff Nurse (Relieving)

1. Do you wish to take the Advanced Course for Nurses?

(recommended by the London University)

2. If so, which subject in Group A do you propose to study?

(see Curriculum)

A.3.

(write name of Course)

3. Do you wish to substitute other studies not mentioned in the Curriculum?

(see Page 30 of Curriculum)

4. If so, name these in detail _____

Knowledge of English (speaking and writing) fluent _____ good _____ fair _____

" " Other Languages " " " "

With this application kindly send the following documents:

(a) A personal letter in English stating what experience you have had and what work you expect to do upon the completion of the Course. This should be the unaided work of the candidate.

(b) A letter of endorsement from your National F.N. Memorial Committee.

(c) Medical and Dental Certificates.

Signature Hazel E. Hughes.

Present Address 67 College Street, Toronto, Ontario, Canada.

Date May 9th 1939.

INTERNATIONAL COURSES

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

15, MANCHESTER SQUARE, LONDON, W.1

STATEMENT OF DENTIST

This is to certify that the applicant, Miss Hazel Hughes.

*on May 5th 1939 came to me for an examination of her teeth
which I found to be in Good condition, I have since then given
treatment necessary.*

Signed O.A. Elliott.

Dentist.

*Address 303, Ryrie Bldg.
Toronto*

Date May 5th 1939.

May 9th, 1939.

International Courses,
Florence Nightingale International Foundation,
15, Manchester Square,
London, W.1.

Dear Madam,

The application forms have been completed as requested by you for the International Nursing Course of the Florence Nightingale International Foundation.

It is my intention to continue my work at this hospital, as I have asked for a year's leave of absence.

The past four years have been spent as nurse in charge of Baby Surgical Ward. Previous to this was in active Private Duty Nursing, and relief work on the Hospital Staff.

Trusting this was the information you required.

I am,

Sincerely yours,

Hazel E. Hughes.

Hospital for Sick Children,
67, College Street,
Toronto, Canada.

INTERNATIONAL COURSES

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

15, MANCHESTER SQUARE, LONDON, W.1

MEDICAL CERTIFICATE

NAME OF STUDENT Hazel Eloise Hughes

This Certificate is confidential, and will be seen only by the Foundation and College Authorities. It is hoped that any tendencies to ill health that should be known will be mentioned, so that all risks may be avoided.

1. Does the Candidate show any weakness in respect to

Eyes No

Nose No

Throat No

Ears No

Heart No

Lungs No

Spine No

2. What serious illnesses, if any, has she had?

Diphtheria in the year 1920

3. Is there any condition requiring special attention?

No

4. Is it desirable that there should be a further medical examination at some later period? No

5. Date when last vaccinated 1921

I have examined Hazel E. Hughes and do not find anything in her physical condition to prevent her entering upon a year's course of study.

Signed B. Hannah

Date May 4. 1939.