



LIMPOPO COLLEGE OF NURSING



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH AND SOCIAL DEVELOPMENT

APPLICATION FOR ADMISSION DIPLOMA IN NURSING (General, Psychiatric & Community) and MIDWIFERY

A: PERSONAL INFORMATION (PLEASE Print)

*(Certified copy of I.D. and Marriage Certificate must be attached)

A.1 Surname																				
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Maiden Name (If Application)																				
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A.2 Names																				
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A.3 Identity No:																					Date of birth:						
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A.4 Are you a South African Citizen	YES		NO		A.5 Gender	Male		Female	
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A.6 Have you been convicted of criminal offence?	YES		NO	
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A.7 Is there any criminal charges pending against you?	YES		NO	
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A.8 Do you have a disability?	YES		NO	
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A.9 Did you include a postal order	YES		NO	
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A.10 Postal order number																				
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B: HOW DO WE CONTACT YOU

B.1 Postal Address		District		B.2 Residential Address	
		Local Municipality			
Code:					

B.3 Name of a Relative		Tel No													
Name of a Relative		Tel No													
Name of a Relative		Tel No													
Applicant's telephone no															

C: ACADEMIC DATA (Certified proof must attached)

C.1 Have you passed grade 12?	YES		NO	
C.2 In which year did you pass Grade 12?				
C.3 Do you have an exemption or bachelor's degree?	YES		NO	
C.4 Have you completed the attached rating scale?	YES		NO	

D: DECLARATION

I declare that the above particulars and information given with my application is completed and true, and that I am aware that any purposeful withholding of information supplied by me could lead to immediate disqualification.

Signature of Applicant:..... Date:.....