



DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT LIMPOPO COLLEGE OF NURSING

APPLICATION FOR ADMISSION TO POST BASIC DIPLOMA PROGRAMME

NB: PROGRAMME APPLYING FOR:

NB: THE FOLLOWING DOCUMENTATION MUST ACCOMPANY YOU APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED IF ANY OF THESE DOCUMENTS ARE NOT SUBMITTED

- 1. Certified copy of identity document
- 2. Certified copy of grade 12 results
- 3. Certified copies of certificates
- 4. Certified copy of certificate proof of Midwifery
- 5. Certified copy of certificate proof of General Nursing Science (GNS)
- 6. Proof of study leave
- 7. Proof release letter from institution
- 8. Certified copy of SANC certificate (current academic year)
- 9. Proof of <u>current</u> 12 months exposure in the specific programme
 - a. Clearly state dates and institution, e.g. from 01/01/2009 to 31/01/2010 at Mankweng Hospital
 - b. Must be signed by two officers from the institution.

A. PERSONAL INFORMATION (Please Print)

A.1. Surname															
A.2. Maiden surname (if applicable)		•	•	•		•			•	•	•		•	•	
A.3. Names															
A.4 Identity Number															
A.5 Date of Birth															
A.6. Gender	Ma	le			Fen	ıale									

A.7 Are you a South Africa	nn Citizen?		YES	NO			
A.7.1 If no state Citizenship							
A.8. Home language							
A.9. Have you ever been convicted of a criminal offence? YES NO							
A.9.1 If yes state the nature of criminal offence							
A.10. Are there any crimin A.10. If yes elaborate	al charges pend	ling against yo	u?	YES NO			
A.11. Do you have a disabi		YES	NO				
B. HOW DO WE CONTACT YOU							
B.1. Postal Address	District			B.2 Residential Address			
	Local M	unicipality					
Code:			Code:				
B. 3. Telephone numbers:	Home: ()					
	Work: ()					
	Cell:						
Name of contact Person/Next of Kin:							
Telephone numbers:	Home: ()					
	Work: ()					
	Cell:						

C. ACADEMIC QUA	ALIFICATIONS (Attach C	Certified copies)
HIGHEST STANDARD	INSTITUTION	YEAR
QUALIFICATIONS	INSTITUTION	YEAR
PROFESSIONAL QU	ALIFICATIONS (Attach (Certified copies)
	<u>.</u>	
D.1. Are you currently register	red with other institutions	YES NO NO
(If yes indicate:)		
•		
Name of institution:		
D.2. Are you registered with S.	ANC	YES NO NO
SANC REF NO:		_
Current SANC receipt No:	(Attach certific	cu copy)
D.3. Are you currently register	red with any institution for studies	YES NO NO
D.3.1 If yes elaborate		

E. EMPLOYMENT DATA
E.1. Institution of employment:
E.2. Date of entry of current rank/position:
E. 3. Persal NO:
E.4. Period of clinical exposure in the field of choice:
E.5. Institution of exposure:
(Attach proof of exposure)
E.6. Have you been granted permission for study leave (If yes attach proof)
F. DECLARATION
I declare that above particulars and information given with my application is complete and true, and that I am aware that any purposeful withholding of information and /or false information supplied by me could lead to immediate disqualification.
SIGNATURE:
DATE: