



MPUMALANGA COLLEGE OF NURSING



health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

2017 APPLICATION FOR ADMISSION TO STUDY FOR THE DIPLOMA IN NURSING (General, Psychiatric & Community) and MIDWIFERY

This Application Form is available on the Departmental Website: www.mpuhealth.gov.za

APPLICANTS ARE ENCOURAGED TO APPLY ONLINE

NB: The information required must be furnished in full. All copies required must be certified and be attached on this form. Failure to do so will jeopardise the applicant's chances of being admitted in the Mpumalanga College of Nursing.

A: PERSONAL INFORMATION (Please Print in Block Letters)

(Please attach a Certified Copy of ID AND Mark with an (X) where necessary)

SURNAME											
MAIDEN NAME (IF MARRIED)											
NAMES											
IDENTITY NUMBER						DATE OF BIRTH					
						Y	Y	M	M	D	D
ARE YOU A SOUTH AFRICAN CITIZEN?			YES	NO	GENDER		MALE	FEMALE			
DO YOU HAVE A DISABILITY?			YES	NO	IF SO, PLEASE SPECIFY						

B: HOW DO WE CONTACT YOU (Please Print in Block Letters)

(Please attach Proof of Residence)

MOBILE (CELL) No.											
ALTERNATIVE TELEPHONE No.											
E-MAIL ADDRESS											
POSTAL ADDRESS											
RESIDENTIAL ADDRESS											
LOCAL MUNICIPALITY						DISTRICT MUNICIPALITY					

C: FINANCIAL SUPPORT (Please Print in Block Letters)

(Please attach Proof of any Income)

ARE YOU CURRENTLY EMPLOYED?			YES	NO	IF SO, WHO IS YOUR EMPLOYER						
ARE YOU FINANCIALLY DEPENDENT ON A PARENT OR GUARDIAN?					YES	NO					
FULL NAMES OF PARENT OR GUARDIAN											
EMPLOYER OF PARENT / GUARDIAN								HIS / HER INCOME			
R											
CONTACT NUMBER OF PARENT / GUARDIAN											
YOUR RELATIONSHIP TO PARENT / GUARDIAN (e.g. Father)											
HAVE YOU PREVIOUSLY RECEIVED A BURSARY FROM THE GOVERNMENT?					YES	NO					
(If so, please state the Funding Department, Field of Study and the Amount)											



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(Please attach Certified Copies of your Matric Certificate or Mid-year Grade 12 Report)

D: EDUCATIONAL QUALIFICATIONS

NB: ALL MATRIC CERTIFICATES WILL BE SENT FOR VERIFICATION

HAVE YOU PASSED GRADE 12?		IN WHICH YEAR DID YOU PASS GRADE 12?	
NAME OF THE SCHOOL WHERE YOU PASSED / DOING GRADE 12			
PROVINCE	MUNICIPALITY	TOWN	

LIST ALL YOUR GRADE 12 LEARNING AREAS OR SUBJECTS. THOSE WITH SYMBOLS MUST CONVERT THEM AS PER CONVERSION TABLE

LEARNING AREAS OR SUBJECTS	MINIMUM REQUIRED LEVEL	OBTAINED	CONVERSION TABLE		
			<i>(Please Convert Your Symbols Using This Table)</i>		
			SYMBOLS	HIGHER GRADE	STANDARD GRADE
1. ENGLISH (Compulsory)	4				
2. LIFE SCIENCE/BIOLOGY/PHYSIOLOGY (Compulsory)	4		A	7	6
3. MATHS (Compulsory) OR	3		B	6	5
4. MATHS LITERACY (Compulsory)	4		C	5	4
5.			D	4	3
6.			E	3	2
7.			F	2	1
TOTAL APS	25				
LIFE ORIENTATION	3		NO LOWER GRADES ACCEPTED		

STATE ANY OTHER EDUCATIONAL QUALIFICATION YOU HAVE

E: CONTACTABLE REFERENCES (Please Provide Two)

NAMES AND SURNAME		
RELATION TO YOU		
TELEPHONE / MOBILE PHONE NO.		

D: DECLARATION

I declare that the information given on this application is complete, accurate and true, and that I am aware that any misinformation supplied by me could lead to immediate disqualification. In the event of a bursary being awarded to me, I am prepared to enter into a contractual agreement with the department of health to serve back the number of years sponsored, in a facility determined by the Department of Health.

SIGNATURE OF APPLICANT



DATE