



MPUMALANGA COLLEGE OF NURSING



health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

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

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		
HAVE YOU BEEN CONVICTED OF CRIMINAL OFFENCE?				YES	NO	IF SO, PLEASE SPECIFY					
ARE THERE ANY CRIMINAL CHARGES PENDING AGAINST YOU?				YES	NO	IF SO, PLEASE SPECIFY					
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 YOUR GRADE 12 LEARNING AREAS OR SUBJECTS _____

LEARNING AREAS OR SUBJECTS	LEVEL	SYMBOLS (HG/SG)	SCORE	CONVERSION TABLE		
				SYMBOLS	HIGHER GRADE	STANDARD GRADE
ENGLISH (Compulsory)						
LIFE SCIENCE / BIOLOGY (Compulsory)				A	7	6
MATHS (Compulsory) OR				B	6	5
MATHS LITERACY (Compulsory)				C	5	4
				D	4	3
				E	3	2
				F	2	1
TOTAL SCORE						

STATE ANY OTHER EDUCATIONAL QUALIFICATION YOU HAVE _____

E: CONTACTABLE REFERENCES (Please provide two)

NAMES AND SURNAME	_____	_____
RELATION TO YOU	_____	_____
TELEPHONE / MOBILE PHONE NUMBER	_____	_____

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