



health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA



F: CONTACTABLE REFERENCES *(Please Provide Two)*

NAME:																				
RELATION:																				
TEL. NO.:																				

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G: DECLARATION

I certify that the information given above is true and correct and that I have read and understood the conditions governing the granting of bursary loans in the event of a bursary loan awarded to me.

I also undertake to abide by the rules and regulations of the Programme and also undertake to complete the duration of the MBCHB Course.

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.

SIGNATURE OF APPLICANT

Date:

SIGNATURE OF PARENT or GUARDIAN (if minor)

Date:

FOR OFFICE USE ONLY

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Head of Department (or Designee)

Date:



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RETURNING THE BURSARY APPLICATION FORM

The following documents must accompany your bursary application form

- Letter of Application
 - Certified copies of your ID and Birth Certificate. **NB.** Students must not be older than 28 years by 31st December 2024
 - Certified copy of your Matric/Grade 12 Certificate
 - Recent Salary Advice/Payslip of parent or guardian
 - If parent or guardian is unemployed please submit an affidavit
 - Proof of residence from your local municipality or local Traditional Leader/Chief
- **SHORTLISTED CANDIDATES WILL BE REQUIRED:**
 1. To Submit A Valid Passport.
 2. To Submit Ten (10) 4x5 cm ID photos
 3. To Submit A Police Clearance Certificate indicating a Negative Criminal Record
 4. To undergo medical screening at health facilities prescribed by the Department of Health

RETURN YOUR APPLICATION BY HAND TO THE FOLLOWING ADDRESSES OR TO YOUR NEAREST HOSPITAL:

EHLANZENI DISTRICT

PHYSICAL ADDRESS

66 Anderson Street
 Mbombela

Hoxani Sub-District Offices:
 Hoxani Multi-purpose Community Centre, Mkhuhlu
 R536 Kruger Road

ENQUIRIES: Justice Ravhura @ Tel. 013 755 5161

ENQUIRIES: Linky Khoza @ 013 708 0046

GERT SIBANDE DISTRICT

PHYSICAL ADDRESS

39 Jan van Riebeeck Street
 Ermelo

ENQUIRIES: Sydwell Gwebu @ Tel. 017 811 1642

NKANGALA DISTRICT

PHYSICAL ADDRESS

Piet Koornhof Building
 Emalahleni

ENQUIRIES: Halifax Aphane @ Tel. 013 656 6255

CLOSING DATE: 10 MAY 2024 AT 16:00

FOR ALL OTHER ENQUIRIES CONTACT ROBERT KHOZA/MARIE MHLABANE @ 013 766 3165 / 3372