



**IN ASSOCIATION WITH**



**APPLICATION FORM  
HEALTH CARE ASSISTANT  
(CAREGIVER)**

**PLEASE COMPLETE AND HAND IN TOGETHER WITH:**

- 2 certified copies of your identity document
- 2 certified copies of your school certificate
- 2 certified copies of your marriage certificate (if married)
- copy of bank deposit slip in respect of your registration fee

<b>SURNAME :</b>		
<b>FIRST NAMES :</b>		
<b>IDENTITY NUMBER / DATE OF BIRTH :</b>		
<b>NON-SOUTH AFRICAN</b> (please indicate country of citizenship)		
<b>RESIDENTIAL ADDRESS / STREET ADDRESS :</b>		
<b>POSTAL ADDRESS :</b>		
<b>TELEPHONE HOME :</b>	<b>WORK :</b>	<b>CELL :</b>
<b>HEALTH PARTICULARS : Do you suffer from any of the following health related afflictions?</b>		
	<b><u>YES</u></b>	<b><u>NO</u></b>
		<b><u>IF YES. GIVE DETAILS</u></b>
<b>Eyesight</b>		
<b>Hearing</b>		
<b>Back Problems</b>		
<b>Chronic illnesses</b>		
<b>Physical handicap / disability</b>		
<b>Allergies</b>		

1<sup>st</sup> Floor, Matt Office Park, 141 Ontdekkers Rd, Horison, Roodepoort 1724 P O BOX 3177 WILRO PARK 1724

TELEPHONE (011) 760-3098 FAX (011) 760-5567

bella@ukwazi.co.za

HIGHEST SCHOOL QUALIFICATIONS :
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### **PARTICULARS OF KIN (NEAREST RELATIVE)**

FIRST NAME :	SURNAME :	
FATHER / MOTHER / BROTHER / SISTER / GRANDFATHER / GRANDMOTHER / UNCLE / AUNT		
IDENTITY NUMBER :		
RESIDENTIAL ADDRESS / STREET ADDRESS :		
TELEPHONE HOME :	WORK :	CELL :

### **PARTICULARS OF PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT**

SURNAME :	FIRST NAMES :	
IDENTITY NUMBER :		
RESIDENTIAL ADDRESS / STREET ADDRESS :		
<b>EMPLOYER (COMPANY)</b>		
Name :		
Address :		
TELEPHONE HOME :	WORK :	CELL :

I \_\_\_\_\_ (Full names of Applicant), hereby apply for admission to the HEALTH CARE ASSISTANT (CAREGIVER) Course in accordance with the above particulars which I state to be true and correct in every respect. I declare having read the information guide sent to me and understand the contents thereof.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I \_\_\_\_\_ (Full names of person responsible for payment of account), binding myself as co-principal debtor with the applicant, hereby assume liability for the payment of all tuition fees and other charges that are payable to UKWAZI SKILLS CAMPUS PTY LTD in respect of the above applicant and undertake to make payment of the same on due date.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
IDENTITY NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS