

CAPE PENINSULA UNIVERSITY OF TECHNOLOGY
HEALTH and WELLNESS SCIENCES – RADIOGRAPHY
RADIOGRAPHY APPLICATION FORM

TO BE COMPLETED IN APPLICANTS OWN HANDWRITING

1. PERSONAL DETAILS (PLEASE USE BLOCK CAPITALS)

1.1 SURNAME : _____

1.2 SURNAME ON MATRIC CERTIFICATE : _____

1.3 FIRST NAME/S (in full) : _____

1.4 RESIDENTIAL ADDRESS (Cape Town) : _____

POSTAL CODE : _____

RESIDENTIAL ADDRESS (Home)
(If not same as above) : _____

POSTAL CODE : _____

1.5 TELEPHONE NUMBERS
Home : _____

Work : _____

Cell : _____

Mother/Father/Guardian : _____

1.6 YOUR e-Mail Address : _____

1.7 DATE OF BIRTH : _____

1.8 GENDER (Tick Block) : Male Female

1.9 NATIONALITY : _____

1.10 IDENTITY / PASSPORT NUMBER : _____

1.11 MARITAL STATUS : _____

1.12 HOME LANGUAGE : _____

1.13 DO YOU HAVE ANY CHILDREN? : No Yes
Number Ages

2. ACADEMIC PERFORMANCE

2.1 SCHOOL LEAVING/MATRIC EXAMINATION: _____

2.2 MONTH & YEAR WRITTEN : _____

RESULTS: - If you have passed Grade 12 give these symbols.
 - If you are in your final school year give your Grade 11 results and a copy of your Grade 12 June report. Attach certified copies of all results.
Note: All outstanding results must be forwarded as soon as they are received.

The results given in the table below are my:

Grade _____ results Month: _____ Year: _____

SUBJECTS	Rating Code (or symbol)	%		All Other Subjects	Rating Code (or symbol)	%
* ENGLISH (HL or FAL) [E-Compulsory subject]						
Other language/s (HL or FAL)						
* MATHEMATICS [M-Compulsory subject]						
* PHYSICAL SCIENCE [PS] <i>If Applicable</i>						
* LIFE SCIENCE [LS] <i>If Applicable</i>						
LIFE ORIENTATION						

E, M AND PS OR LS compulsory

2.4 NAME OF SCHOOL : _____

2.5 ADDRESS OF SCHOOL : _____

POSTAL CODE : _____

2.6 TELEPHONE NO (School) : _____

2.7 CERTIFICATE : _____

(e.g. National Senior Certificate/Joint Matriculation Board)

2.8 POST-SCHOOL

COURSE : _____

YEAR : _____

COLLEGE/UNIVERSITY/OTHER : _____

PROVIDE CERTIFIED COPY OF ALL POST-SCHOOL RESULTS

If you did not complete a course, give reason/s:

Note: Additional information can be given on a separate page if space insufficient for all courses done.

3 EMPLOYMENT (including casual work e.g. weekend jobs etc)

NAME OF EMPLOYER & TELEPHONE NUMBER	POSITION HELD	FROM	TO	REASON FOR LEAVING

Note: If space is not sufficient additional information can be given on a separate page.

4 HEALTH

4.1 We accept candidates with certain disabilities that allow employment in radiography. Do you have a disability? If so, briefly describe:

4.2 Have you had any long or short term treatment for any issues related to mental health e.g. depression, bi-polar mood disorder, schizophrenia, other? If so please specify and include a doctor's report on your current mental health status and treatment.

4.3 Do you suffer from any chronic illness? If so please specify and include a doctor's report on your current health status and current and future treatment.

4.4 Have you ever had any accidents? If so, describe:

4.5 Have you ever had any operation? If so, describe:

4.6 Have you ever suffered/do you suffer from problems of any of the following?
(Give dates and mention medical treatment)

- Eye : _____
- Chest : _____
- Heart : _____
- Rheumatic fever : _____
- Back : _____
- Feet : _____
- Headaches/Migraine : _____
- Allergies : _____
- Menstruation : _____
- Other : _____

4.7 Have you had more than 5 consecutive days off sick in the past 3 years?

 YES NO

If yes, give brief details:

4.8 How many times have you visited a medial practitioner in the past 6 months?

If more than 3 times please state whether you have a medical condition requiring regular medical intervention/attention:

5 GENERAL

5.1 Have you ever been convicted of a criminal offence? If yes, give brief details:

5.2 Have you ever been dismissed from employment? If so, when and what for?

6 COMMUNITY ACTIVITIES/INVOLVEMENT:

Do you participate in community activities? If so, please mention these:

7 EXTRAMURAL ACTIVITIES/INTERESTS/SPORTS/HOBBIES

Do you participate in any sport or social activities? What do you enjoy doing in your free time? If so, mention these activities:

8 PERSONAL ACHIEVEMENTS

Describe your personal achievements and milestones. What are you proud of achieving?

9 PERSONAL ORGANISATION:

How do you manage your time? What is your balance between work/study and relaxation time?

10 RADIOGRAPHY

10.1 The radiography course you are applying for is _____

10.2 How did you hear about this course? _____

10.3 Have you ever applied for a radiography course before?

YES

NO

10.4 If so, where? _____

If so, when? _____

10.5 Have you applied at any other education institution/s this year?

YES

NO

10.6 If yes, give the course/s and institutions:

10.7 What is your first choice? _____

10.8 Describe any experience you have had with sick and/or injured people?

10.8.1 What is your opinion of working in a profession that requires you to work over weekends and at night?

11 RADIOGRAPHY AS A CAREER

Please write a short explanation (200-300 words) on each of two topics given below (11.1 & 11.2). Each explanation must be on a separate page and attached to the application form.

11.1 Why you want to be in health care

11.2 What you know about radiography and the particular course/s you have applied for

I declare that the information given is, to the best of my knowledge, correct. If admitted to the course, I undertake to abide by the rules and regulations of the clinical learning facility in the public or private sector and the Cape Peninsula University of Technology.

SIGNATURE OF THE APPLICANT : _____

DATE : _____

Application has been made by CPUT to offer 4-year degree programmes in; diagnostic radiography, diagnostic ultrasound, nuclear medicine technology and radiation therapy. These will replace the 3-year National Diploma programmes in radiography. It is uncertain when these programmes will commence. Please indicate:

I want to apply for radiography whether 3-year diploma or 4-year degree

This application is only for the 3-year diploma if it is still offered in 2013

This application is only for the 4-year degree if it is implemented in 2013

Section A (never studied radiography before), Section B (qualified radiographer wanting to study another category) or Section C (qualified radiographer wanting to do a BTech in the same category)

SECTION A

IF THIS APPLICATION IS FOR YOUR FIRST QUALIFICATION IN RADIOGRAPHY THEN BY MEANS OF A (✓) INDICATE WHICH CATEGORY YOU ARE APPLYING FOR:

• DIAGNOSTIC RADIOGRAPHY

• DIAGNOSTIC ULTRASOUND

• NUCLEAR MEDICINE TECHNOLOGY

• RADIATION THERAPY

(If you are applying for more than one, please indicate priority 1st, 2nd, 3rd)

SECTION B

**IF YOU ARE A QUALIFIED RADIOGRAPHER AND WANT TO APPLY FOR A QUALIFICATION IN ANOTHER CATEGORY INDICATE BY MEANS OF A (✓)
(Please note that until the 4-year degree programmes are fully implemented additional qualifications will be on the current system.)**

NATIONAL DIPLOMA

- DIAGNOSTIC RADIOGRAPHY

- DIAGNOSTIC ULTRASOUND

- NUCLEAR MEDICINE RADIOGRAPHY

- THERAPEUTIC RADIOGRAPHY

BTECH

- DIAGNOSTIC ULTRASOUND

IF YOU COMPLETED SECTION A OR SECTION B:

Indicate the CPUT Campus you would like to study at by ticking the block/s:

CPUT GROOTE SCHUUR CAMPUS

CPUT TYGERBERG CAMPUS

NOTE: When the 4-year degree is implemented it may be offered on the Bellville campus but with clinical experience in the respective public or private sector facilities. Your selection above will be considered as your primary site for the majority of the work placement opportunities if you are being placed in the public sector for the compulsory clinical learning component of the program - although you will go to other sites as well. Private sector students complete their clinical learning primarily at the particular private facility.

INDICATE IF YOU ARE INTERESTED IN APPLYING FOR:

A Provincial Government Bursary

A Learnership at a state hospital (Diagnostic only)

A Learnership/Bursary at a Private Hospital

SECTION C

IF YOU ARE A QUALIFIED NATIONAL DIPLOMA RADIOGRAPHER AND NOW WANT TO STUDY FOR BTECH IN THE SAME CATEGORY, THEN BY MEANS OF A (✓) INDICATE WHICH COURSE YOU ARE APPLYING FOR:

	FULL-TIME	PART-TIME
B TECH	<input type="checkbox"/>	<input type="checkbox"/>
Indicate Discipline	<input type="checkbox"/>	<input type="checkbox"/>

Full-time : Student is not employed and will be a full-time student

Part-time : Student is employed and will be a part-time student

CHECKLIST

Please complete this application form as soon as possible, and return by 31 August WITH ALL SUPPORTING DOCUMENTATION in order to be considered for selection.

The following MUST be included with this application for the application to be considered:

1. Certified copy of Identity Document
2. Two recent references (1 must be your employer if you are working)
3. The name and contact number/address of two referees
4. Certified copy of Grade 11 School Report
5. Certified copy of Grade 12 June School Report
(September report to be forwarded as soon as possible)
6. Certified copy of Senior Certificate if you have matriculated
Or submit within 3 days of receipt if currently in final school year
7. Certified Documents/certificates of post-school study if applicable
8. 2 Passport size colour photographs
9. 2 Short Explanations (see 11)
10. Foreign students must ensure that they have followed required processes

YOU WILL BE NOTIFIED IN DUE COURSE WHETHER:

**YOU SHOULD ATTEND FOR AN INTERVIEW,
YOUR APPLICATION IS SUCCESSFUL
YOU ARE ON THE WAITING LIST
YOUR APPLICATION IS UNSUCCESSFUL.**

Note that any provisional selection or waitlisting will be provisional on all subsequent and final results being submitted. Achievement levels will be evaluated against admission criteria. These results should be submitted within 3 days of receipt.

NOTE: Due to the possible harmful effects of radiation on the developing foetus anyone who is pregnant at the time the course starts will not be able to commence training.