



THUTO BOPHELO NURSING ACADEMY APPLICATION FORM

A. PERSONAL PARTICULARS

Title:		Surname:		Names:	
Residential Address:				Postal Address:	
	Suburb:	Town:		Suburb:	Town:
Telephone Numbers(s):	Own:			(home)	(cell)
	Spouse:			(work)	(cell)
Identification Number:					
Date of birth:				Country of Birth:	
Nationality:				City of birth:	
Gender:	Male:			Female:	
Marital Status:	Married		Single	Widow/Widower	Divorced
Are you currently working?	Y	N	Where?	Date (s):	
			Name of contact person:	Tel nr:	

B. EDUCATIONAL QUALIFICATIONS

Highest standard passed/qualification obtained:		Year:		School attended/Institution	
Did you do a pre-course in nursing?		If YES, please include copy of certificate			
Name of course:				Name of institution	

C. KNOWLEDGE OF LANGUAGES

LANGUAGE	WRITE	READ	SPEAK
English			
Other			

D. MEDICAL FITNESS

Mark each question with a X in the appropriate block		YES	NO
a.	Do you suffer from any illness, sensory or physical disabilities		
	If YES, please specify		
b.	Have you ever experienced any back problems?		
	If YES, please specify condition and any treatment received		
c.	Have you ever sustained an occupational injury?		
	If YES, was it certified as such?		
	Did you receive any compensation for the injury?		
d.	Are you pregnant?		
e.	Do you smoke?		

E. REFERENCES (People who know you)

NAME OF REFERENCE	TELEPHONE NRS	RELATIONSHIP (e.g friend/relative)

F. GENERAL (Mark with a X in appropriate block)

A. How were you informed about this course?	Flyer	*Reference	News paper ad
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DECLARATION

Hereby I, the undersigned, declare that the above particulars are complete and correct.

SIGNATURE

DATE

This application must be accompanied by: 6 certified copies of the earner's identification document
6 Certified copies of learner's Highest Qualification

For office use only: CHECKLIST

6 COPIES ID/PASSPORT						LESARNER CONTRACT					
MARRIAGE CERTIFICATE						INDEMNITY FORM					
6 COPIES GR 12 CERTIF/ HIGHEST QUALIFICATION						STUDY PERMIT					
PROOF OF RESULTS						SAQA EVALUATION					
PROOF OF DEPOSIT PAID						LETTER OF SUPPORT:FRGN AFFRS					

Learner nr	Course nr	Date	Course number