



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: <input type="text"/>					
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?			<i>If YES, please include copy of certificate</i>		
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	YES	NO		
a.	Do you suffer from any physical illness, sensory or physical disabilities			f	Do you suffer from any type of psychological illness e.g. depression, bi-polar, epilepsy, etc.)		
	If YES, please specify					If YES, please specify.	
b.	Have you ever experienced any back problems?			g	Are you on any type of chronic medication (hypertension, insulin, etc)		
	If YES, please specify condition and any treatment received.					If YES, please specify.	
c.	Have you ever sustained an occupational injury?			h	Do you use any addictive substances (alcohol, pills, etc)		
	If YES, was it certified as such?					i	Are you currently pregnant or plan to start a family during future training?
	Did you receive any compensation for the injury?						
d.	Do you smoke?						

E. REFERENCES (People who know you)

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

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	