

## APPLICATION FORM

### ENQUIRIES ROODEPOORT CAMPUS

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Direct all enquiries about your application to 011-760-3098 or [bella@ukwazi.co.za](mailto:bella@ukwazi.co.za)

### ENQUIRIES POTCHEFSTROOM CAMPUS

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Direct all enquiries about your application to 018-297-6532 or email to [betsie@ukwazi.co.za](mailto:betsie@ukwazi.co.za)

### SUBMISSION OF APPLICATION – ROODEPOORT CAMPUS

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Applications can be submitted by email to [bella@ukwazi.co.za](mailto:bella@ukwazi.co.za) or send by fax to 011-760-5567. Applications can also be delivered by hand to **Horison Office Park, 6 Kingfisher St, Horison Park, Roodepoort.**

### SUBMISSION OF APPLICATION - POTCHEFSTROOM CAMPUS

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Applications can be submitted by email to [betsie@ukwazi.co.za](mailto:betsie@ukwazi.co.za) or send by fax to 018-297-7764. Applications can also be delivered by hand to **1<sup>st</sup> Floor, Standard Bank Building, cor Walter Sisulu st & Retief St, Potchefstroom**

### INSTRUCTIONS FOR COMPLETING THE FORM

#### VERY IMPORTANT

- Please read the instructions carefully and complete all applicable sections
- Only one application form is to be submitted
- Please allow 10 days before checking on the status of your application

### 1 ADMISSION REQUIREMENTS

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Please consult the INFORMATION BROCHURE obtainable from Administration – requests can be made telephonically or by email to the details as set out under ENQUIRIES

Please note that you may be required to attend a selection interview at the School. You will be informed of all arrangements in this regard.

### 2 APPLICATION FEES

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An application fee of R2500-00 is payable – the banking details appear in the Information Brochure. Please ensure that the correct banking details are used of the campus to which application is made. Proof of payment must accompany your application without which your application will not be processed.

### 3 COMMUNICATION TO APPLICANTS

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You will receive separate email and / or SMS communications regarding the outcome of your application. Please therefore ensure that your email and cellphone contact details are correctly given herein. **PLEASE INFORM US IMMEDIATELY OF ANY CHANGES TO YOUR EMAIL ADDRESS / CELLPHONE NUMBER.**

### 4 ACADEMIC DOCUMENTS

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The following documents must be submitted with your application – copies of documents to be certified.

<b>4.1 Applicants currently studying towards a South African Grade 12</b>	<b>Documents Required</b>
South African Identity document	
Proof of payment of Application Fee	

<b>4.2 Applicants having already completed a South African Grade 12</b>	<b>Documents Required</b>
Final Grade 12 statement of symbols	
National Senior Certificate or Senior Certificate (prior to 2008) or IEB certificate or SACAI	
Higher education qualification if obtained at another higher education institution	
Academic record and certificate of conduct if registered / completed at another higher education institution	
Proof of payment of application fee	

<b>4.2 International Applicants</b>	<b>Documents Required</b>
Passport	
Study permit / asylum certificate	
International school-leaving statement of symbols	
International qualification certificate with SAQA evaluation document	
Academic record and certificate of conduct if registered / completed at another higher education institution in South Africa	
Proof of payment of application fee	

## **5 APPLICATION FEE**

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- An application fee of R2 500-00 is payable without which an application will not be considered. A copy of the deposit slip must accompany this Application Form.
- Payment must be made into the following account:

### **ROODEPOORT CAMPUS**

<b>BANK</b>	<b>FIRST NATIONAL BANK</b>
<b>NAME OF ACCOUNT</b>	<b>UKWAZI SCHOOL OF NURSING</b>
<b>ACCOUNT NO</b>	<b>62030583133</b>
<b>BRANCH NO</b>	<b>251-141</b>
<b>REFERENCE</b>	<b>SURNAME AND INITIALS AS WELL AS CELLPHONE NO</b>

### POTCHEFSTROOM CAMPUS

<b>BANK</b>	<b>FIRST NATIONAL BANK</b>
<b>NAME OF ACCOUNT</b>	<b>UKWAZI SCHOOL OF NURSING</b>
<b>ACCOUNT NO</b>	<b>62073434608</b>
<b>BRANCH NO</b>	<b>251-141</b>
<b>REFERENCE</b>	<b>SURNAME AND INITIALS AS WELL AS CELLPHONE NO</b>

- Please submit **only a copy of your deposit slip** and retain the original as proof of payment

## ACADEMIC APPLICATION

### **A CONSENT TO COLLECT AND PROCESS PERSONAL INFORMATION (POPI)**

I, the undersigned applicant (duly assisted by a competent person where I am under the age of 18), hereby agree to the processing of my personal information for purposes of applying to UKWAZI SCHOOL OF NURSING (“the School”) with its main campus at 6 Kingfisher St, Horizon Park, Roodepoort.

The School is committed to protecting the applicant’s privacy and recognises that it needs to comply with statutory requirements insofar as it is necessary to process the applicant’s personal information. The School is obliged in terms of section 18 of the Protection of Personal Information Act 4 of 2013, to inform you of the following:

- i. The type of information that the School will collect and process includes any personal information that can identify you, your matriculation marks, national benchmark test scores and marks from other educational institutions, including higher education institutions (if applicable).
- ii. The nature/category of the information that the School will process will relate to academic performance indicators.
- iii. The purpose of processing the information will be to consider and determine admission to any programme at the School.
- iv. The School will source the information from yourself, the Department of Basic Education, the Department of Higher Education and Training and any other educational institutions (where applicable).
- v. The School shall be entitled, where applicable, to transfer the information to a third-party country/organisation.
- vi. The School has a legal obligation to obtain such information for selection purposes in terms of the Higher Education Act 101 of 1997 (as amended) and the rules and regulations of the School.
- vii. Failure to consent to the processing of such information may compromise your admission.
- viii. You have the right to access and to amend any information processed by the School at any reasonable time.
- ix. You have the right to direct any complaint regarding the processing of your information to the principal of the campus to which your application is submitted.

Further to the above consent, I understand that my personal information is also protected in terms of section 50 of the Electronic Communications and Transactions Act 25 of 2002 (ECT Act). In terms of section 51 of the ECT Act, I hereby provide my express written permission to the School for the collection, collation, processing



**C QUALIFICATION FOR WHICH APPLICATION IS MADE**

The year of study for which you are applying

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Select the qualification for which you are applying (**please ensure that you meet the admission criteria**)(tick the appropriate block):

<b>HIGHER CERTIFICATE IN AUXILIARY NURSING</b>	tick
<b>DIPLOMA IN NURSING</b>	tick

**D PERSONAL DETAILS**

SURNAME (as in your Identity document)		
FULL NAMES		
IDENTITY NUMBER / DATE OF BIRTH		PASSPORT NUMBER (for foreign students)
TITLE <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME LANGUAGE
NATIONALITY <input type="checkbox"/> SOUTH AFRICAN <input type="checkbox"/> OTHER _____ (name of country)		
RESIDENTIAL ADDRESS		
POSTAL ADDRESS		
HOME PROVINCE		
TELEPHONE: HOME	WORK	CELL
E-MAIL		

**E SCHOOL LEAVING DETAILS**

i. **Highest grade passed at school to date**

Grade 11 / Prelim International School results		Year				
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Grade 12 / Final International School results		Year				
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**No mid-year grade 12 results are accepted**

ii. **Particulars of school attendance**

Name of School attended	
School postal address	
Postal code	
School telephone no	
Town & Province	

**F SCHOOL-LEAVING SUBJECTS (only applicable to applicants currently in grade 12)**

Subjects	Admission Point Score	Final Grade 11 Results (%) / Preliminary International School Results

## G HIGHER EDUCATION QUALIFICATIONS

Provide full details of studies at higher education institutions(s) as indicated above, if applicable. In the event of a discontinuation of studies, indicate the date of cancellation.

Year from	Year to	Higher Education Institution	Field of Study	Result (e.g. cancelled, failed, qualification obtained)

## H DISABILITY PARTICULARS (IF ANY)

Do you have a disability? Please indicate in either of the boxes below.

YES		NO	
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If "YES" please indicate the nature thereof under the categories listed below

Physical	Visual	Learning	Hearing
Cerebral Palsy	Blindness	Dyslexia	Deafness
Paraplegic	Low vision	ADD / ADHD	Partial Hearing
Quadriplegic	Partially sighted	Dyscalculia	
Impaired mobility			

<b>Speech</b>	
Speech impairment	

Please provide in detail the nature of your disability e.g. use of wheelchair, crutches, etc:

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**Please note:** selection is based on academic achievement and not on your disability. The programmes we offer however put great physical demands on students and the School may refuse an application where it is of the opinion that an applicant will be unable to meet the physical demands of the programme for which application

*is made. The School may request that a medical certificate be submitted in cases of doubt. The School's decision in this regard will be final.*

## **I DECLARATIONS BY APPLICANT**

I make the following declarations:

- i. I will abide by the rules and regulations of the School.
- ii. I hold myself responsible for: the payment of all fees and charges due and payable by me to the School; any arrears and interest on arrears at the mora rate as applicable from time to time; and any costs of recovery, including attorney-and-client scale fees and/or collection commission. If I do not inform the School in writing of withdrawal from studies or a course by the prescribed date(s) I will be liable for full fees even if I do not make use of School facilities.
- iii. I accept, agree and understand that: the School may keep and process data and documents in electronic format, including the personal data supplied by me in this application form; that the School may use and transfer such data and use such documents in electronic or other formats for its purposes consistent with the School's relationship with me as a student and former student including submission of data for the National Learners' Record Database and other returns as required by the Department of Higher Education and Training; that the School places records of qualifications awarded in the public domain; that the School may process my personal information in accordance with its rules and policies for academic and administrative purposes, including disciplinary processes and that the School may use electronically generated documents in place of the originals signed by me.
- iv. I waive all claims against the School for any damage or loss suffered while I am, or as a consequence of my being, a student at the School and/or arising out of loss or destruction of, or damage to, any property belonging to me or any other person.
- v. I declare that have not been expelled, rusticated, or excluded from any other higher education institution.
- vi. If I am a minor, I have the consent of my parent(s)/guardian to sign this form.
- vii. The information given on this form is complete and accurate. If I fail to disclose or falsely declare information (for example, non-disclosure of previous tertiary studies), this could lead to disciplinary action and/or the cancellation of my application and/or registration at the School.

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Signature of applicant

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Date



**J      DECLARATION BY PARENT OR LEGAL GUARDIAN**

I agree and consent to the above declaration, undertakings, and indemnity by the applicant. I consent to the applicant signing registration forms if admitted. I consent to the School holding and processing personal information supplied by me in this application (for purposes related to this application).

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Signature of parent / guardian

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Date