



DEPARTMENT OF HEALTH
LIMPOPO COLLEGE OF NURSING

**APPLICATION FOR ADMISSION TO POST BASIC DIPLOMA
PROGRAMME**

The following documentation must accompany your application. Your application will not be considered if any of these documents are not submitted.

1. R30-00 administration fee paid into Nedbank, cheque account no 1419 0212 65, account name – Limpopo College of Nursing, Reference - surname & initials. Attach deposit slip.
2. Certified copy of identity document
3. Certified copy of grade 12 results
4. Certified copies of certificates
5. Certified copy of certificate proof of Midwifery
6. Certified copy of certificate proof of General Nursing Science (GNS)
7. Proof of study leave
8. Release letter from institution
9. Certified copy of SANC certificate (current academic year)
10. Proof of current 12 months exposure in the clinical speciality area you have applied for. Within the year of exposure four (4) months should be at an accredited clinical facility.
 - a. Clearly state dates and institution, e.g. from 01/01/2009 to 31/01/2010 at Mankweng Hospital
 - b. Must be signed by two officers from the institution.
11. Faxed applications will not be accepted.
12. Forms can be mailed to : The Principal – Limpopo College of Nursing, Private Bag X9538, Polokwane, 0700 or hand delivered to 34 Hans van Rensburg Street, Office no 43.
13. Closing date is 31 October each year.

C. HOW DO WE CONTACT YOU

C.1. Postal Address

District

B.2 Residential Address

Local Municipality

Code: _____

Code: _____

C. 3. Telephone numbers: Home: () _____

Work: () _____

Cell: _____

Name of contact Person/Next of Kin: _____

Telephone numbers: Home: () _____

Work: () _____

Cell: _____

D. ACADEMIC QUALIFICATIONS (Attach Certified copies)

HIGHEST STANDARD	INSTITUTION	YEAR

E. PROFESSIONAL QUALIFICATIONS (Attach Certified copies)

QUALIFICATIONS	INSTITUTION	YEAR

E.1. Are you currently registered with other institutions YES NO

(If yes indicate:)

Name of institution: _____

E.2. Are you registered with SANC YES NO

SANC REF NO: _____

Current SANC receipt No: _____ (Attach certified copy)

E.3. Are you currently registered with any institution for studies YES NO

E.3.1 If yes elaborate

F. EMPLOYMENT DATA

F.1. Institution of employment: _____

F.2. Date of entry of current rank/position: _____

F. 3. Persal NO: _____

F.4. Institution where one year clinical exposure will be/ was done: _____

F.5. Dates of clinical exposure: _____

F.6. Accredited training facility where 4 month clinical training will be / was done _____

F.7. Dates of 4 months clinical exposure _____

(Attach proof of exposure)

F.6. Have you been granted permission for study leave YES NO

(If yes attach proof)

G. DECLARATION

I declare that above particulars and information given with my application is complete and true, and that I am aware that any purposeful withholding of information and /or false information supplied by me could lead to immediate disqualification.

SIGNATURE: _____

DATE: _____