



**MPUMALANGA
COLLEGE OF NURSING**



health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR ADMISSION TO STUDY FOR A DIPLOMA IN NURSING (General, Psychiatric & Community) and MIDWIFERY

NB: The information required must be furnished in full. All copies required must be certified and be attached on this form. Failure to do so will jeopardize the applicant's chances of being accepted at the Mpumalanga College of Nursing.

A: PERSONAL INFORMATION (Please Print in Block Letters)

(Please attach a Certified Copy of ID AND Mark with an affidavit necessary)

SURNAME

MATCH NAME (IF MARRIED)

NAMES

IDENTITY NUMBER

DATE OF BIRTH

ARE YOU A SOUTH AFRICAN CITIZEN? YES NO

GENDER

MALE

FEMALE

HAVE YOU BEEN CONVICTED OF CRIMINAL OFFENCE? YES NO

IF SO, PLEASE SPECIFY

ARE THERE ANY CRIMINAL CHARGES PENDING AGAINST YOU? YES NO

IF SO, PLEASE SPECIFY

DO YOU HAVE A DISABILITY? YES NO

IF SO, PLEASE SPECIFY

B: HOW DO WE CONTACT YOU (Please Print in Block Letters)

(Please attach Proof of Residence)

MOBILE (CELL) No

ALTERNATIVE TELEPHONE No

E-MAIL ADDRESS

POSTAL ADDRESS

RESIDENTIAL ADDRESS

LOCAL MUNICIPALITY

DISTRICT MUNICIPALITY

C: FINANCIAL SUPPORT (Please Print in Block Letters)

(Please attach Proof of any income)

ARE YOU CURRENTLY EMPLOYED? YES NO

IF SO, WHO IS YOUR EMPLOYER?

ARE YOU FINANCIALLY DEPENDENT ON A PARENT OR GUARDIAN? YES NO

IF YES, WHO IS YOUR EMPLOYER?

FULL NAMES OF PARENT OR GUARDIAN

EMPLOYER OF PARENT / GUARDIAN

NET YEAR INCOME (R)

CONTACT NUMBER OF PARENT / GUARDIAN

YOUR RELATIONSHIP TO PARENT / GUARDIAN (e.g. Father)

HAVE YOU PREVIOUSLY RECEIVED A SUBSIDY FROM THE GOVERNMENT? YES NO

IF so, please state the Funding Department, Field of Study and the Amount:

IF so, please state the Funding Department, Field of Study and the Amount:

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