

WAITING LIST APPLICATION

- HIGHER CERTIFICATE IN NURSING (category: auxiliary nurse) (1 YEAR PROGRAMME)**
- DIPLOMA IN NURSING (category: general nurse) (3 YEAR PROGRAMME)**

(Indicate the qualification for which you are applying by ticking the appropriate block)

SURNAME		
FULL NAMES (as in your Identity Document)		
IDENTITY NUMBER		PASSPORT NUMBER (for foreign students)
TITLE <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS	GENDER3 <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:	CELL NO:
FAMILY MEMBER/PARTNER	NAME:	CELL NO:
E-MAIL ADDRESS (if you have one)		
LAST SCHOOL ATTENDED		
HIGHEST SCHOOL OR OTHER QUALIFICATION (attach certified copy of certificate)		

E-mail your Application to us together with:

- i. 1 x certified copy of grade 12 certificate (NSC or equivalent) (not statement of results)**
- ii. 1 x certified copy of ID**
- iii. Proof of R3000 deposit**

OUR CONTACT DETAILS:

	ROODEPOORT CAMPUS	POTCHEFSTROOM CAMPUS
CONTACT PERSON	Nea	Betsie
TEL NO	011 – 760 -3098	018 – 297 - 6532
OUR EMAIL	nea@ukwazi.co.za	betsie@ukwazi.co.za
OUR BANKING DETAILS	Acc Name: UKWAZI SCHOOL OF NURSING Bank Acc No: FNB 62030 583 133 Branch: 251 – 141 Reference: Your name and surname	Acc Name: UKWAZI SCHOOL OF NURSING Bank Acc No: FNB 62073 434 608 Branch: 251 – 141 Reference: Your name and surname

SIGNATURE _____

DATE: _____