Life Healthcare Group (Pty) Ltd is registered as a Private Higher Education College with the DHET. Registration Number **2008/HE07/00**

**Application Form – 2018**

***College Vision***

*To create a skilled workforce for Life Healthcare and the healthcare industry in order to provide cost effective, quality and competent patient care.*

***College Mission***

* To retain and develop staff for Life Healthcare
* To ensure staff have career development opportunities
* To develop a competent workforce
* To work according to necessary legislation governing education, training and development in the healthcare industry.

***Company values***

* Passions for people
* Quality
* Performance pride
* Personal care
* Lifetime partnerships

**Information**

1. All candidates must complete all applicable sections on the application form
2. Only successful applicants will receive a confirmation letter.
3. The Nursing Manager of an internal student will be informed if this candidate is successful.
4. Students enrolled on the programme must have a personal computer with internet access and be computer literate.
5. **Additional Documentation**

The following additional documentation must be submitted with this application. Applications with missing documentation will not be reviewed.

* Certified copies of:
  + Identity document
  + Marriage certificate (if applicable)
  + Matric (Grade 12/Standard 10) Certificate
  + Other certificates/diplomas and examination results as applicable
  + Curriculum vitae (CV)
* Current SANC receipt, if applicable

1. **Application Fee**

The application fee for any programme offered at the College is R400.00 and must be paid prior to submitting the application form and a deposit slip or proof of electronic payment must be submitted with this application form. The application fee is non-refundable. The bank account details are as follows:

Administration and Tuition Fee:

Life Healthcare Group (Pty) Ltd – Nursing College

First National Bank

Branch: Corporate Account Services, Johannesburg

Account Number: 62092216201

Branch Number: 255-655

Please use abbreviation of the learning centre, your ID number and the words ‘Admin fee’ as reference e.g. **PE ID Number Admin Fee**

1. **Recognition of Prior Learning**

Credit and requests for exemption must be completed at the time of application for admission and are subject to approval of the recognition of prior learning committee.

1. **Declaration**

I, the undersigned applicant, do hereby:

a) Acknowledge that I understand the provisions of the declarations herein and am bound by the provisions of this registration, and the rules and procedures of Life Healthcare (PTY) Ltd (LHC) currently in force and/or which may be amended at a later date.

b) Acknowledge that I have familiarised myself with the prospectus of the relevant programme for which I have applied to register and certify that the information provided in this form is accurate and complete.

c) Confirm that I have to satisfy the requirements of due performance as laid down by LHC.

d) Hold myself responsible for the payment of full tuition fees relating thereto, notwithstanding the fact that my employer/sponsor has undertaken to pay the full tuition fees relating thereto.

e) Agree that where tuition fees are payable to LHC in instalments, failure to pay any single instalment timeously will result in the full amount owing becoming due and payable immediately.

f) Agree that LHC shall be entitled to recover from me all legal costs incurred in order to enforce its rights under this contract, including, but not by way of limitation, attorneys and own client fees and collection charges and all tracing charges.

g) Agree that LHC reserves the right to withhold programme/module results should there be any default in payments according to this signed Enrolment Contract.

h) Accept that if I choose a payment plan, I am in a position to fulfil my financial obligations to LHC

i) Accept that I may cancel my registration for the current year of study as a whole and shall be exonerated from the liability for the full fee (excluding the application fee) provided that LHC is informed in writing within 14 days of registration.

j) Agree that LHC may approach credit agencies with a view of ascertaining my credit record and that in the event of me being in arrears with this account or failing to pay it, then LHC shall have an irrevocable right to inform credit agencies thereof.

k) Agree that should my account not be settled within the stipulated date, non-settlement will attract a penalty.

l) Acknowledge that an invoice issued by LHC, shall be proof of the full amount owing by the student for the purpose of all legal proceedings.

m) Acknowledge that, notwithstanding the existence of appeal processes, the academic judgement of LHC will be regarded as final.

n) Accept and agree to adhere by the rules, policies and procedures as set out by LHC.

o) Agree to pay the non-refundable application fee.

p) All learning materials and resources are to be used by the registered student only and cannot be shared or replicated under any circumstances, in part or full at any time. LHC has a vested right to all learning material, resources and related intellectual property. Confidentiality constitutes a serious aspect of the relationship between the student and LHC.

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| **Student signature :** | **Date:** |
| **Guardian signature:**  **(if student is under 18 years old)** | **Date** |

**Note: THE COLLEGE RESERVES THE RIGHT TO VERIFY ANY INFORMATION SUBMITTED**

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| **Section A**  **Line Manager Details**  **(Compulsory for candidates who are employed with LHC)** | | |
| **1** | **Name** |  |
| **2** | **Surname** |  |
| **3** | **Business Unit** |  |
| **4** | **Job Title** |  |
| **5** | **Contact Number** |  |

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| **SECTION B**  Photo of student  **Applicant: Personal and Company Details**  **(To be completed by the candidate)** | | | | | | | |
| **1** | **Name and Surname** | | |  | | | |
| **2** | **Race** | | | * African * White * Coloured * Indian | | | |
| **3** | **Gender** | | | * Male * Female | | | |
| **4** | **Internal Candidates** | | | **Hospital Unit:**  **Current Position:**  **LHC Employee Number:**  **Email address:** | | | |
| **5** | **Identity Number** | | |  | | | |
| **6** | **Telephone Number** | | |  | | | |
| **7** | **Mobile Number** | | |  | | | |
| **8** | **Physical Address** | | |  | | | |
| **9** | **Highest Qualifications (add all qualifications and submit copy of certificate** | | | **Qualifications:**  **Year Qualified:** | | | |
| **More Qualifications** | | | | | | |
| **Qualifications:**  **Year Qualified:** | **Qualifications:**  **Year Qualified:** | | | **Qualifications:**  **Year Qualified:** | | **Qualifications:**  **Year Qualified:** |
| **10** | **Next of Kin** | | | **Name:**  **Contact Number:** | | | |
| **11** | **Current Employer** | | |  | | | |
| **12** | **Business Telephone Number** | | |  | | | |
| **13** | **Work Address** | | |  | | | |
| **14** | **SANC reference number** | | |  | | | |
| **15** | **Work experience related to the programme applied for** | | | **Position:**  **Start Date:**  **End Date:** | | | |
| **More work Experience** | | | | | | |
| **Position:**  **Start Date:**  **End Date:** | | **Position:**  **Start Date:**  **End Date:** | | | **Position:**  **Start Date:**  **End Date:** | |
| **16** | **Signature of Applicant** | | |  | | | |
| **17** | **Signature of Nursing Manager** | | |  | | | |
| **18** | **Admin fee deposit reference number (as entered on bank deposit slip)** | | |  | | | |
| **19** | **Where did you hear about Life College of Learning :** | | | * **Newspaper advert** * **Employer** * **Own initiative** * **Students** * **Web** * **Mail / Brochure** * **Colleagues** * **Other** | | | |
| **20** | **The submission of the details on the application form infers consent to personal information being shared amongst the recruitment and selection team and the learning centre for the purpose of recruitment and selection** | | | * **Yes** * **No** | | | |
| **21** | **Please select which learning centre you would like to attend, please refer to the website for the learning centre address** | | | * **Cape Town** * **Kwa Zulu-Natal** * **East London** * **East Rand** * **Port Elizabeth** * **Pretoria** * **West Rand** * **Bay view** | | | |

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| **SECTION C**  **Available Programmes / Courses – Nursing Education**  **(To be completed by the candidate)** | |
| **Indicate the programme you are applying for by selecting from the drop down** | * **Diploma in General Nursing - First Year** * **Diploma in Operating Department Assistance - First Year (ODA)** * **Diploma in Medical and Surgical Nursing: Critical Care** * **Diploma in Medical and Surgical Nursing: Operating Theatre Nursing** * **Diploma in Medical and Surgical Nursing: Emergency Nursing** * **Diploma in Medical and Surgical Nursing: Occupational Health Nursing** * **Diploma in Midwifery** * **Certificate in Infection Control Nursing** * **Short Learning Programmes: Mental Health Nursing** * **Short Learning Programmes: High Care Nursing** * **Short Learning Programmes: Operating Theatre** * **Short Learning Programmes: Neonatal ICU** |