



## Nursing College Application Form for Studies in 2024

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

# Application Form for Studies in 2024

## LIFE HEALTHCARE NURSING COLLEGE

### PURPOSE

Education for Service Excellence

### VISION

A diversified, market leading Private Higher Education Institution that educates, supports and maintains clinically competent healthcare professionals through innovative teaching and learning based on a strong research foundation

### MISSION

- To attract, develop and retain staff for Life Healthcare
- To ensure nursing staff have career development opportunities
- To develop a competent workforce through a continuing education approach in order to deliver evidence based care
- To provide national and internationally recognised qualifications by adhering to governing legislation for education, training and development in South Africa

## COLLEGE VALUES



*Passion for people*



*Quality to the Power of e*



*Performance pride*



*Personal care*



*Lifetime partnerships*



# Application Form for Studies in 2024

## GENERAL INFORMATION

- 1 This application form is to apply for studies towards the Higher Certificate in Nursing or the Diploma in Nursing.
- 2 Applications will only be accepted from 1 June 2023 to 31 August 2023 for studies in 2024.
- 3 Please refer to the programme information on the webpage <https://www.lifehealthcare.co.za/careers/education-and-training/> for further information related to the programme being applied for and the minimum entrance requirements.
- 4 All candidates must complete all applicable sections on the application form.
- 5 Applications will only be considered if all documentation is provided as listed below before the application closing date.
- 6 Only successful applicants will receive a confirmation letter.
- 7 The Nurse Manager of any hospital funded student will be informed if this candidate is successful.
- 8 Students enrolled on the programme must have a personal computer with internet access. It is recommended that applicants complete a computer literacy course prior to commencement of studies.

## DOCUMENTATION REQUIRED

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

### Certified copies of:

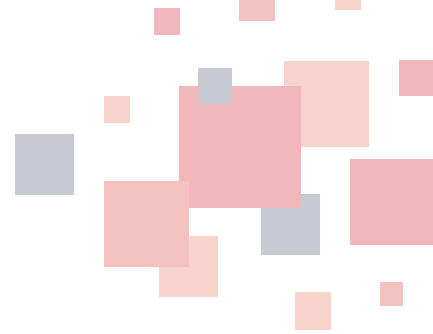
- Identity document
- Marriage certificate (*if applicable*)
- Current grade 12 learners to attach grade 11 (*year-end*) and Grade 12 (*mid-year*) record of examination results.
- National Senior (*Grade 12 / Standard 10*) Certificate
- Other certificates / diplomas and examination results as applicable for prior qualifications. Applicants with a prior nursing qualification must submit their SANC exam results
- Curriculum Vitae (CV)

### Foreign applicants – certified copies of:

- Valid passport
- Valid Study Permit / Valid Section 41 permit / refugee identity document that grants permission to study / Permanent Residency Permit
- SAQA matric or equivalent evaluation certificate
- Certified English translation of school leaving / university documents (*where applicable*)
- Proof of medical health insurance (*where applicable*), applicable for the duration of the valid study visa / permit
- Transcript of subjects from the institution of study

- Current SANC receipt, if applicable

# Application Form for Studies in 2024



## 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:

<b>Account name:</b>	Life Healthcare Group (Pty) Ltd – Nursing College
<b>Bank:</b>	First National Bank
<b>Branch:</b>	Corporate Account Services, Johannesburg
<b>Account Number:</b>	62092216201
<b>Branch Number:</b>	255-655

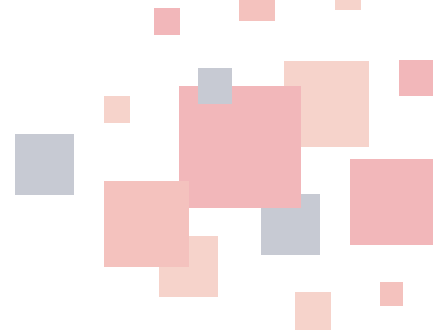
Please use abbreviation of the learning centre initials, your ID number and the words ‘Admin Fee’ as reference e.g. **CT ID Number Admin Fee**

## RECOGNITION OF PRIOR LEARNING

Credits and requests for exemption must be completed at the time of application for admission and are subject to approval and recognition of the Prior Learning Committee.

Applicants with a prior nursing qualification, should submit a certified copy of their SANC examination results.

# Application Form for Studies in 2024

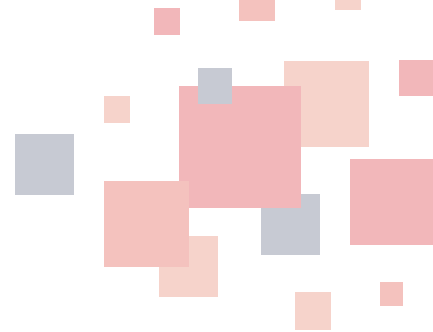


## DECLARATION

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 Life Healthcare.
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 Life Healthcare in instalments, failure to pay any single instalment timeously will result in the full amount owing becoming due and payable immediately.
f)	Agree that Life Healthcare 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 Life Healthcare 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 Life Healthcare.
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 ( <i>excluding the application fee</i> ) provided that Life Healthcare is informed in writing within 14 days of registration.
j)	Agree that Life Healthcare 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 Life Healthcare 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 Life Healthcare, 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 Life Healthcare will be regarded as final.
n)	Accept and agree to adhere by the rules, policies and procedures as set out by Life Healthcare.
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. Life Healthcare 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 Life Healthcare.

<b>Student Signature:</b>		<b>Date:</b>	
<b>Guardian Signature:</b> (if student is under 18 years old)		<b>Date:</b>	

# Application Form for Studies in 2024

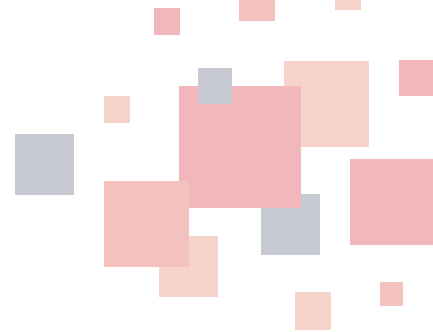


**Note: THE COLLEGE RESERVES THE RIGHT TO VERIFY ANY INFORMATION SUBMITTED**

<b>Section A</b> Line Manager Details and Approval <i>(Compulsory for candidates who are employed with Life Healthcare)</i>	
1	Name of Line Manager:
2	Surname of Line Manager:
3	Business Unit (Hospital):
4	Line Manager Job Title:
5	Line Manager Contact Number:
6	Line Manager Email address:
7	Nurse Manager's Signature approving the submission:

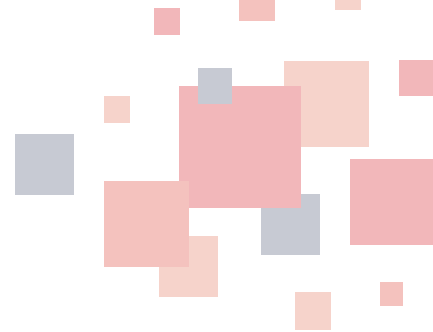
<b>Section B</b> Applicant: Personal and Company Details <i>(To be completed by the candidate)</i>		Applicant to attach an ID photo
1	Full name and surname:	
2	Race:	<input type="checkbox"/> African <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Other
3	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
4	Life Healthcare employees:	Hospital Unit: Current Position: Life Healthcare Employee Number: Email address:
5	Identity / Passport Number:	
6	Nationality:	
7	Telephone Number:	
8	Mobile Number:	

# Application Form for Studies in 2024



9	Physical Address:			
10	Email Address:			
11	Highest Qualifications <i>(add all qualifications and submit certified copy of certificate):</i>			
<table border="1"> <tr> <td data-bbox="188 712 509 768"><b>Qualification:</b></td> <td data-bbox="509 712 1471 768"></td> </tr> </table>			<b>Qualification:</b>	
<b>Qualification:</b>				
<table border="1"> <tr> <td data-bbox="188 768 509 824"><b>Year Qualified:</b></td> <td data-bbox="509 768 1471 824"></td> </tr> </table>			<b>Year Qualified:</b>	
<b>Year Qualified:</b>				
More Qualifications:				
<table border="1"> <tr> <td data-bbox="188 880 509 958"><b>Qualification:</b></td> <td data-bbox="509 880 1471 958"></td> </tr> </table>			<b>Qualification:</b>	
<b>Qualification:</b>				
<table border="1"> <tr> <td data-bbox="188 958 509 1014"><b>Year Qualified:</b></td> <td data-bbox="509 958 1471 1014"></td> </tr> </table>			<b>Year Qualified:</b>	
<b>Year Qualified:</b>				
<table border="1"> <tr> <td data-bbox="188 1014 509 1093"><b>Qualification:</b></td> <td data-bbox="509 1014 1471 1093"></td> </tr> </table>			<b>Qualification:</b>	
<b>Qualification:</b>				
<table border="1"> <tr> <td data-bbox="188 1093 509 1149"><b>Year Qualified:</b></td> <td data-bbox="509 1093 1471 1149"></td> </tr> </table>			<b>Year Qualified:</b>	
<b>Year Qualified:</b>				
<table border="1"> <tr> <td data-bbox="188 1149 509 1227"><b>Qualification:</b></td> <td data-bbox="509 1149 1471 1227"></td> </tr> </table>			<b>Qualification:</b>	
<b>Qualification:</b>				
<table border="1"> <tr> <td data-bbox="188 1227 509 1283"><b>Year Qualified:</b></td> <td data-bbox="509 1227 1471 1283"></td> </tr> </table>			<b>Year Qualified:</b>	
<b>Year Qualified:</b>				
<table border="1"> <tr> <td data-bbox="188 1283 509 1361"><b>Qualification:</b></td> <td data-bbox="509 1283 1471 1361"></td> </tr> </table>			<b>Qualification:</b>	
<b>Qualification:</b>				
<table border="1"> <tr> <td data-bbox="188 1361 509 1417"><b>Year Qualified:</b></td> <td data-bbox="509 1361 1471 1417"></td> </tr> </table>			<b>Year Qualified:</b>	
<b>Year Qualified:</b>				
12	SANC reference number if relevant:			
13	Criminal record:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide relevant documentation		
14	Please state your previous studies with Life Healthcare <i>(if applicable):</i>			
15	Next of kin:	Name: Relationship to applicant: Contact Number:		
16	Current Employer: <i>(if not Life Healthcare)</i>			
17	Employer Business Telephone Number:			

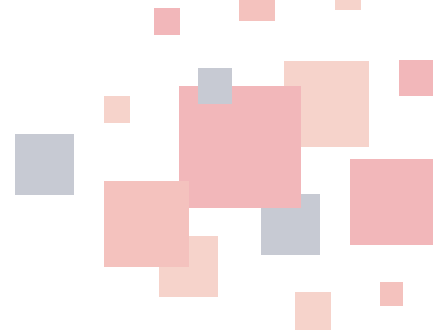
# Application Form for Studies in 2024



18	Employer's Work Address:	
19	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:		
20	Signature of applicant:	
21	Admin Fee deposit reference number ( <i>as entered on bank deposit slip</i> ):	
22	Where did you hear about Life Healthcare's College?	<input type="checkbox"/> Newspaper advert <input type="checkbox"/> Employer <input type="checkbox"/> Own initiative <input type="checkbox"/> Students <input type="checkbox"/> Web <input type="checkbox"/> Mail / Brochure <input type="checkbox"/> Colleagues <input type="checkbox"/> Other



# Application Form for Studies in 2024



23	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 fulfilling the recruitment and selection process	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Please select which learning centre you would like to attend. Please refer to the website for the learning centre address.	<input type="checkbox"/> East London <input type="checkbox"/> East Rand <input type="checkbox"/> Port Elizabeth <input type="checkbox"/> Pretoria <input type="checkbox"/> West Rand

<b>Section C</b> Available Programmes / Courses – Nursing Education <i>(To be completed by the candidate)</i>	
Indicate the programme you are applying for:	<input type="checkbox"/> Higher Certificate in Nursing (NQF 5 – 1 year) <input type="checkbox"/> Diploma in Nursing (NQF 6 – 3 years)

**Please submit this application form to the applicable learning centre below:**

**East London Learning Centre**

The Hub, Bonza Bay Road, Beacon Bay,  
 East London 5202  
 Tel: 043 704 3200 Fax: 086 687 0076  
 admin.eastlondon@lifehealthcare.co.za

**West Rand Learning Centre**

91 Leader Road, Robertville, Roodepoort 1709  
 PO Box 2181, Florida 1710  
 Tel: 087 352 2727 Fax: 086 505 6610  
 admin.westrand@lifehealthcare.co.za

**Port Elizabeth Learning Centre**

Ground Floor, Oasim North, Havelock Street,  
 Central, Port Elizabeth 6001  
 PO Box 12051, Centrahil, Port Elizabeth 6006  
 Tel: 041 501 1851 Fax: 041 501 1859  
 admin.portelizabeth@lifehealthcare.co.za

**East Rand Learning Centre**

15 Middlesex Street, Springs 1559  
 Tel: 011 812 3960 Fax: 011 812 3962  
 admin.eastrand@lifehealthcare.co.za

**Pretoria Learning Centre**

Room 6, Denneboom Office Park,  
 Cnr Lynnwood & Simon Vermooten Roads,  
 Die Wilgers Ext 14, Pretoria 0041  
 PO Box 73928, Lynnwood Ridge 0040  
 Tel: 012 816 8900  
 admin.pretoria@lifehealthcare.co.za