



Nursing College Application Form for Studies in 2025

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

Special application period for applications to the KZN Learning Centre ONLY

Application Form for Studies in 2025

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



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GENERAL INFORMATION

- 1 This application form is to apply for studies in a Short Learning Programme (SLP) and certification programmes.
- 2 Applications will only be accepted at the KZN Learning Centre from 15 November 2024 to 30 November 2024 for studies in 2025.
- 3 Candidates must complete all applicable sections on the application form.
- 4 There is a non-refundable application fee payable prior to submission of the application.
- 5 Applications received after the closing date will not be considered and the application fee will not be refunded.
- 6 Successful candidates must have a personal computer/laptop with uninterrupted internet access. It is recommended that applicants complete the digital literacy programme on MOODLE prior to commencement of the programme.
- 7 The Short Learning Programmes are open to internal candidates only.
- 8 Candidates should be placed in the discipline of the short learning or certification programme.

DOCUMENTATION REQUIRED

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

Certified copies of:

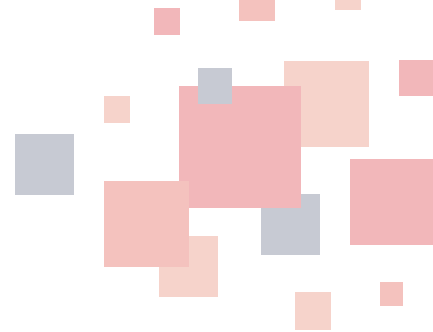
- Identity document
- Marriage certificate (*if applicable*)
- Other certificates / diplomas and examination results as applicable for prior qualifications. Applicants with a prior nursing qualification must submit their SANC exam results
- Proof of payment of application fee
- Motivation from UM and applicant on why they want to do the course (in less than 100 words)

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

- Current SANC annual license for applicants holding a nursing qualification

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APPLICATION FEE

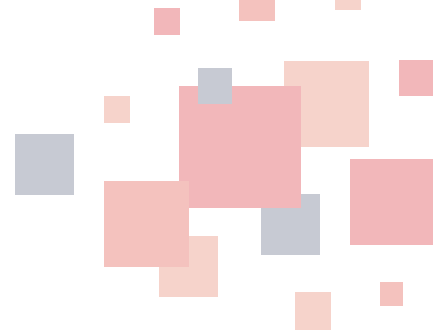
The application fee for the Short Learning Programme at the College is R400.00 and must be paid prior to submitting the application form. Proof of payment **must be submitted with this application form**. The application fee is non-refundable, with no exceptions.

The bank account details are as follows:

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

Please use abbreviation of the Learning Centre initials, your ID number and the words 'Admin Fee' as reference e.g. **KZN ID Number Admin Fee**

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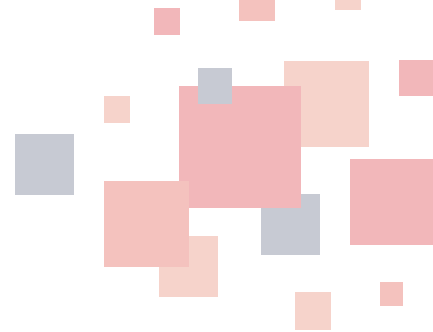


DECLARATION

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)	Accept that if I am chosen to be a student in this programme that I will be a full time student.
e)	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.
f)	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.
g)	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.
h)	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.
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.

Student Signature:		Date:	
Guardian Signature: (if student is under 18 years old)		Date:	

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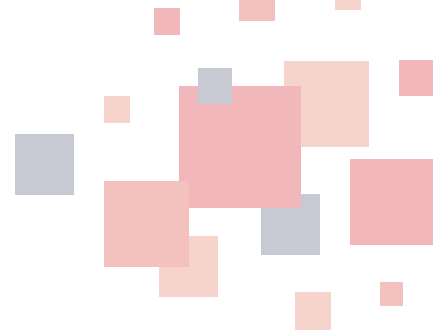


Note: THE COLLEGE RESERVES THE RIGHT TO VERIFY ANY INFORMATION SUBMITTED

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

Section 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:	

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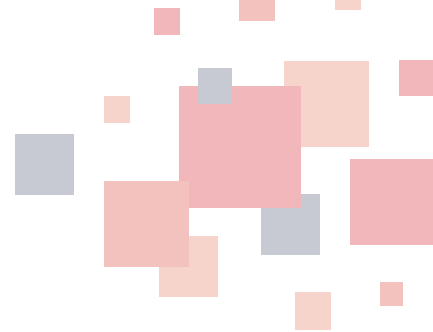
9	Physical Address:					
10	Email Address:					
11	Highest Qualifications <i>(add all qualifications and submit certified copy of certificate):</i>					
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Year Qualified:						
12	SANC reference number if relevant:					
13	Criminal record:	<input type="checkbox"/> 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: Email Address:				

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16	Person responsible for tuition fee payment/s:	Name: Relationship to applicant: Contact number: Email:																												
17	Prior relevant work experience: <table border="1" data-bbox="188 571 1469 860"> <tr><td>Position:</td><td></td></tr> <tr><td>Start date:</td><td></td></tr> <tr><td>End date:</td><td></td></tr> <tr><td>Contact Number:</td><td></td></tr> <tr><td>Email Address:</td><td></td></tr> </table> Further work experience: <table border="1" data-bbox="188 913 1469 1090"> <tr><td>Position:</td><td></td></tr> <tr><td>Start date:</td><td></td></tr> <tr><td>End date:</td><td></td></tr> </table> <table border="1" data-bbox="188 1102 1469 1279"> <tr><td>Position:</td><td></td></tr> <tr><td>Start date:</td><td></td></tr> <tr><td>End date:</td><td></td></tr> </table> <table border="1" data-bbox="188 1290 1469 1467"> <tr><td>Position:</td><td></td></tr> <tr><td>Start date:</td><td></td></tr> <tr><td>End date:</td><td></td></tr> </table>		Position:		Start date:		End date:		Contact Number:		Email Address:		Position:		Start date:		End date:		Position:		Start date:		End date:		Position:		Start date:		End date:	
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18	Signature of applicant:																													
19	Admin Fee deposit reference number (<i>as entered on bank deposit slip</i>):																													
20	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																												

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21	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
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Section C

Available Programmes / Courses – Nursing Education
(To be completed by the candidate)

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 select which learning centre you would like to attend. Please refer to the website for the learning centre address.	<input type="checkbox"/> KZN Learning Centre

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

KZN Learning Centre

36 Essex Terrace
Berea West
Westville
Email: admin.kzn@lifehealthcare.co.za