



MULTI - CAMPUS COLLEGE

BURSARY APPLICATION FORM FOR FOUR YEAR DIPLOMA/ DEGREE LEADING TO REGISTRATION AS A NURSE (GENERAL, PSYCHIATRIC AND COMMUNITY) AND MIDWIFERY (SANC R425)

- Diploma : Mmabatho College of Nursing and Excelsius Nursing College
- Degree : North West University, Mafikeng and Potchefstroom Campuses

Full time unemployed students only

Read the instructions & application form carefully

Overview

The North West Department of Health invites all prospective candidates (unemployed youth) who are South Africans and are residents of the North West Province, who desire to study a four year nursing programme in the province to apply for bursaries available for the 2016 academic year. Bursaries will be awarded to learners who are financially needy and academically performing.

Target for the Colleges

- Grade 12 learners who have already passed Grade 12 in the previous year(s)

Target for the North West University

- Students who are currently in Grade 12
- Students that completed Grade 12 and fit the University admission criteria can apply

People with Disabilities are encouraged to apply.

The closing date for the submission of the completed application forms is 31 July 2015

Instructions

Only residents of the North West Province should apply. No application for bursary will be considered without proof of residence from the Traditional Leaders or relevant



Municipality. Completed application form (BLOCK LETTERS). Use black pen only. All sections must be duly signed by applicants and or their respective parents or guardians.

- The completed Bursary Application Form, together with copies of all the required documents should be submitted directly to the respective institutions as specified in the advert
- Applicants are requested to attach the following documents to the application form: -
 - Fully completed Bursary Application form with the Police Stamp / Commissioner of Oaths
 - Proof of residence : A letter from the Tribal office or the local Municipality office (not water statement of account)
 - Application forms with incomplete information will not be considered and will be disqualified
 - Application forms without required documents will not be considered
 - Application forms received after the closing date will not be considered

Certified copies of:

- South African bar-coded Id Document (student);
- Matric Certificate,(statement of results will not be considered)
- Copy of parent/s pay slips OR Parent/s Affidavit in case of unemployed parent/s/guardian or pensioners' pay slips in case of students without parents, (Attach Death Certificate).
- In case of deceased parent/s; submit copy of Death certificate/s;
- People with Disability should attach Medical Certificate/s.



SECTION A

All sections are compulsory – complete all fields.

APPLICANT'S DETAILS

Surname : _____

First names : _____

Date of birth: _____ Gender: _____ Age: _____

ID No. : _____ Marital Status: _____

Residential Address: _____

_____ Postal Code: _____

Postal Address: _____

_____ Postal Code _____

Telephone Number: (H) _____ Cell No: _____

Next of kin Cell No.: _____

Relationship to the next of kin: _____

District: (Tick appropriate block)

Ngaka Modiri Molema	Dr. Ruth Segomotsi Mompoti	Bojanala	Dr. Kenneth Kaunda
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Write area in the block where you are residing and the nearest town

Village or informal settlement	Farm	Township/ Suburb	Municipal Ward Number
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Do you have any disability?

Yes	No
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If yes, describe the nature of disability and attach medical certificate(s)

Race

African	Coloured	Indian	White
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Are you a South African citizen?

Yes	No
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If no, what is your nationality?

Yes	No
-----	----

And do you have a valid work permit?

Yes	No
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Do you have a criminal record?

Yes	No
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Have you served any prison term?

Yes	No
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SECTION B

PARENT OR GUARDIAN'S DETAILS

Surname: _____ Names: _____

Residential address: _____

_____ Postal Code: _____

Postal Address: _____

_____ Postal Code _____

Telephone number: _____ Cell number: _____



Fax number: _____ email address: _____

SECTION C

4. ACADEMIC DETAILS

Matriculation or Equivalent Certificate obtained:

Highest Standard Passed: _____ Year obtained: _____

Name of school: _____

Location of School: (Tick block)

Village	Township	Town
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School Background

Physical Address of the School:

Type of School:

Public	Private
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E. INTENDED STUDY FOR THE ACADEMIC YEAR (2016):

Name of Diploma/ Degree : _____

Name of institution : _____

Duration of the Programme: _____

SECTION D

5. APPLICANT'S HOME BACKGROUND

Home location:

Village	Farm	Township	Town
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House ownership

Self - owned	Rented
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Indicate Number of rooms (write in the block)

Is your home electrified: (Tick Block)

Yes	No
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Ablution (Toilet Facilities) Tick Block

Pit Privy	Sewerage system
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Mother working :

Yes	No
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Father working :

Yes	No
-----	----

Guardian working:

Yes	No
-----	----

Orphan :

Yes	No
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Relationship with the house owner: (Tick block)

Parent	Guardian
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If guardian, specify (e.g. aunt, uncle, etc.): _____

7. FAMILY FINANCIAL BACKGROUND

Mark your father's/ mother's / guardian monthly income group: (Tick block)

R <2500	R 2501 - 5000	R >5000+	Father
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R <2500	R 2501 – 5000	R > 5000 +	Mother
R < 2500	R 2501 - 5000	R >5000 +	Guardian
ATTACH PROOF OF INCOME: SALARY ADVICES; SWORN DECLARATION / AFFIDAVIT/ (FOR UNEMPLOYED PARENTS / GUARDIAN) OR PENSION SLIP IN CASE OF PENSIONERS LEFT WITH THE STUDENT. (IN CASE OF DECEASED PARENT/S – ATTACH COPY OF DEATH CERTIFICATE/S).			

How many dependants are still at home?

Number of dependents at tertiary institution:

Number of dependents still at school:

Have you received study loan / bursary / scholarship before?: (Tick block)

Yes	No
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If yes, name of the study loan / bursary/ scholarship:

Year obtained: _____

Do you have any other qualification (s) from any educational institution?

(Tick appropriate block):

Yes	No
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If yes indicate the qualification(s) in the table below.

Name of the Qualification	Year obtained	Name of the Institution



SECTION E

1. Why did you choose the Nursing field of study?

2. How do you plan to use your skills & knowledge after graduating?

3. Name 3 areas (places) where you would prefer to be placed at, after completion in order of priority

SECTION F

9. DECLARATION – TO BE SIGNED BY AN APPLICANT AND PARENT / GUARDIAN IN THE PRESENCE OF A COMMISSIONER OF OATHS

I declare that the information stated above is to the best of my knowledge, true and correct and I understand the conditions governing the granting of the bursary and enter into the requirement agreement with the Department that if any information is found to be false or misleading in any manner whatsoever, I will accept that as sufficient reason for disqualification without limiting the Department to any other remedy it might deem fit.

SURNAME & NAMES OF AN APPLICANT: (in full) _____

SIGNATURE OF APPLICANT : _____

Date : _____

SURNAME & NAMES OF PARENT / GUARDIAN IF APPLICABLE: (in full)

SIGNATURE OF PARENT / GUARDIAN : _____

Date : _____

I certify that the deponent has acknowledged that he / she knows and understands the contents of this declaration which was sworn before me at

_____ on the _____ day of

_____ (month) _____ (year)

COMMISSIONER OF OATHS / POLICE STATION OFFICIAL STAMP

COMMISSIONER OF OATHS / POLICE OFFICER

Closing Date: 31 July 2015

**NB: Application forms are available from:
The North West Department of Health website
<http://health.nwpg.gov.za>**



Healthy Living for All