



Reg No: 2021/364896/07

Achieving **Excellence** Together

National Tel: 021 271 1200

Email: [admissions@rsna.co.za](mailto:admissions@rsna.co.za) Web: [www.rsna.co.za](http://www.rsna.co.za)



2<sup>nd</sup> Floor, Trevenna Centre, Vasco, Goodwood, 7460, South Africa

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**Robert Sobukwe Nursing Academy: E T D P Application Form**

PLEASE PRINT. USE A PEN WITH BLACK INK. PLEASE MARK RELEVANT BLOCKS WITH 'X'. BOLD FIELDS ARE COMPULSORY.	Course Date:	d	d	m	m	y	y	y	y		
	Student No:										

**COURSE YOU ARE APPLYING FOR?**  
Please mark relevant block with 'x'

<b>Compulsory Registration Fee</b>	<b>R500.00</b>	<b>NC: ODETDP NQF Level 5 (50334)</b>	<b>R16850.00</b>
<b>Facilitator Course (117871)</b>	<b>R4800.00</b>	<b>FETC: Community Development NQF Level 4 (76987)</b>	<b>R15500.00</b>
<b>Assessor Course (115753)</b>	<b>R4800.00</b>		
<b>Moderator Course (115759)</b>	<b>R4800.00</b>		

<b>Course Method:</b>	<b>E-Learning</b>	<b>Self-Study</b>	<b>Full Time</b>	<b>Part Time</b>
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**Student details**

Title:											Gender:	Male	Female					
Student Surname:																		
Student Name:																		
ID / Passport number:															Date of birth:	Day	Month	Year
Nationality:																		
Home Language:	Please note that all classes will be conducted in English																	
Ethnic Group:	Black		White		Coloured		Indian		Asian		Other							
Study Visa:	YES	NO	International students will receive additional information to facilitate their visa application															
Student contact numbers:	Cell:																	
	Work:																	
	Home:																	
E-Mail Address:																		
Residential Address:																		
Postal Address:																		
													Postal / Zip code:					

**Next of Kin/Parent/Legal Guardian Details**

Title:																		
Surname:																		
Name:																		
ID / Passport number:															Date of birth:	Day	Month	Year
Parent / Legal Guardian Contact numbers:	Cell:																	
	Work:																	
	Home:																	
E-Mail Address:																		
Residential Address:																		
Postal Address:																		
													Postal / Zip code:					

**Accommodation (If Applicable)**

Private / Hostel:	Do you require accommodation?	YES	NO
A list of accommodations will be sent after Application is received/Visit <a href="http://www.rsna.co.za">www.rsna.co.za</a>			

**Education**

Current / Grade / Level / Highest Qualification	
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Current/ Year Completed School	Name of last School attended						
Where did you hear about Robert Sobukwe Nursing Academy?	Friend/Family	Website	Internet	Facebook	Instagram	Magazine	Newspaper
	Exhibition	School	Radio	Other (please specify)			

**Medical**

Disability:	NONE	YES	(Please state)
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Kindly note that all students will be required to undergo a medical examination in order to confirm general state of health. Documentation will be sent as soon as application form has been received. All students will be liable for their own personal medical insurance.

**International Students:** Please ensure that adequate medical insurance has been provided for, prior to arrival in South Africa.

**Finance**

For your information, please take note of the various payment options that are available once you have been accepted to study at the Centre. With registration, a specified amount (depending on the course) must be paid by learners following the full-time or part-time courses. The balance of the fees may be paid according to the various options. Payment can be made in the following ways: Cash to the college cashier; bank deposit or electronic transfer. Always state your student number, ID, initials and surname for reference purposes. Each Centre will provide their bank details.

**BANK DETAILS:**

ROBERT SOBUKWE NURSING ACADEMY  
 Account Number: 62887371476  
 Branch Code: 250655  
 Type of Account: FNB Business Cheque Account

**Responsible Person for Payment of Course Fees**

Title:																				
Surname:																				
Name:																				
ID / Passport No:																				
Contact numbers:	Cell:																			
	Work:																			
	Home:																			
E-Mail Address:																				
Residential Address:																				
Postal Address:																				
Relationship to Student:																				
Signature of Financial Sponsor:																				

I, \_\_\_\_\_ (Name & Surname) the undersigned, in my capacity as a **STUDENT/LEARNER**, hereby commit to pay the **FULL COURSE FEE**, before I will be permitted to commence with my PRACTICAL TRAINING EXPERIENCE.

Signature of Student/Learner /

Signed at:	Place	Date:	Day	Month	Year



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**Student Declaration / MEMORANDUM OF AGREEMENT**

***NB: It is compulsory for this section to be undersigned by all parties concerned***

**DECLARATION**

Upon approval of my application:

I, \_\_\_\_\_ (Student Name & Surname – PLEASE PRINT),  
hereby declare that:

1. All information provided by me on this form to be true and correct;
2. I will acquaint myself with the Rules and Regulations, including the Disciplinary Rules and Procedures of **Robert Sobukwe Nursing Academy** and will abide by them at all times;
3. I waive any claim against **Robert Sobukwe Nursing Academy** resulting from any act or omission on my part during tuition, sport, tours, seminars, practical's or provided residence;
4. I accept full responsibility for the care and safekeeping of all **Robert Sobukwe Nursing Academy** property (including but not restricted to: books, notes, tools and equipment) issued to me for my training;
5. I will inform **Robert Sobukwe Nursing Academy** immediately (*in writing*), in the event of the following: change of residential or postal ~~add~~ cancellation of or changes made to my course and/or my subjects;
6. I am aware that the validity of my enrolment will be subject to the compliance of the relevant regulations as stipulated by **Robert Sobukwe Nursing Academy**, notwithstanding provisional acceptance of my enrolment by the Academy;
7. I am aware that fees and legal costs will be recovered from me in the event of failing to fulfil my financial commitments towards **Robert Sobukwe Nursing Academy** timeously;
8. I accept full responsibility of and liability for the payment of all class tuition, practical and equipment fees as well as other fees determined by **Robert Sobukwe Nursing Academy** at the date of enrolment;
9. I am aware that **Robert Sobukwe Nursing Academy** will levy bank and administrative fees as determined by **Robert Sobukwe Nursing Academy** on dishonored cheques or failed debit orders executed by my bank;
10. I will not claim any compensation whatsoever for photos taken (including but not limited to) voices used, student participation at functions and accept that any photos used for publicity purposes will remain the property of **Robert Sobukwe Nursing Academy**.
11. **DEPOSIT/REGISTRATION/APPLICATION FEES:** The deposit/registration/application fee as prescribed for the course must be paid before your registration will be confirmed. All fees, deposits, graduation, registration or application fees are **NON – REFUNDABLE**.

**Application Documentation**

**Please attach the following documentation to Application form:**

- Certified Copy of ID document / Passport
- Certified Copy of Last School Report / Certificate
- Proof of Residential Address (*Bank Statement or Municipal account - no older than 3 months*) (If Applicable)
- Short CV
- Adult learners – proof of Employment History (If Applicable)

**Send Application & Documentation to:**

Courier Address:	<b>2<sup>nd</sup> Floor, Trevenna Centre, 245 Voortrekker Road, Vasco, Goodwood, 7460</b>
Postal Address:	<b>2<sup>nd</sup> Floor, Trevenna Centre, 245 Voortrekker Road, Vasco, Goodwood, 7460</b>
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**INDEMNITY FORM**

**Robert Sobukwe Nursing Academy Practical Training & Excursions (including off-site work experience)**

I, the undersigned, hereby further declare that I shall not institute any claims of any nature whatsoever against **Robert Sobukwe Nursing Academy** or any employee of **Robert Sobukwe Nursing Academy**, who is acting within his or her employment capacity, nor shall I in any way whatsoever hold **Robert Sobukwe Nursing Academy** responsible for any loss or damage I may suffer in person or in respect of any property of mine or which may directly or indirectly arise from my commitment, as a registered student, towards **Robert Sobukwe Nursing Academy**, with regard to the journey to and from all practical training, excursions and off-site work experience and with regard to any activities pertaining to said-excursions, off-site work experience or in a practical training venue of **Robert Sobukwe Nursing Academy**, regardless of the way in which such loss or damage may occur and regardless of whosoever or whatsoever may be responsible therefore. I also undertake full participation in all prescribed compulsory activities (upon my own responsibility) voluntarily accepting any risk pertaining to such activities.

I hereby confirm that I have duly acquainted myself with the content of all information and rules regarding practical training and orientation (induction), and that I am, as a registered student of **Robert Sobukwe Nursing Academy**, bound to adhere to the General Rules and Regulations of **Robert Sobukwe Nursing Academy**.

I further declare that, in case I am injured to such an extent thereby rendering me unable to personally grant consent for medical treatment or any other essential medical intervention, the supervisory staff may undersign the necessary documents of consent on my behalf. I also accept full responsibility to acquire my own medical aid and the costs incurred for any medical treatment.

To the best of my knowledge, I do not suffer from any physical disability or illness which may inhibit my attendance of any practical training or off-site work experience in any way. I do, however, wish to bring the following to your attention:

Medical condition:	N/A	
State condition:		

(Select applicable paragraph: delete not-applicable)

- a) I am capable of concluding an agreement and am legally competent to sign this application and therefore enter into an agreement with **Robert Sobukwe Nursing Academy** independently.
- b) I undersign this application and enter into an agreement with **Robert Sobukwe Nursing Academy** with the permission of my parents/ legal guardian/ spouse/sponsor.

**I, hereby declare that all the information provided is complete and accurate to the best of my knowledge:**

Signed at:	Place	Date:	Day	Month	Year

Student signature:

(Only for Applicants under the age of 21) I, \_\_\_\_\_ (Name & Surname) the undersigned, in my capacity as **Parent**  / **Legal Guardian**  am jointly and severally responsible for all monies, which the above applicant may at any stage owe **Robert Sobukwe Nursing Academy** in terms of the agreement that he/she has concluded with **Robert Sobukwe Nursing Academy**.

Signature of Parent / Legal Guardian:

Admission Clerk/Administrator Robert Sobukwe Nursing Academy

Signed at:	Place	Date:	Day	Month	Year

Admissions Clerk/Administrator Signature:

**OFFICE USE**

PAYMENTS:	REC No:	AMOUNT:	PAYMENTS:	REC No:	AMOUNT:
Assessment Fee:			Course Fee:		
Course Fee:			Course Fee:		
Course Fee:			Course Fee:		