# ROBERT SOBUKWE NURSING ACADEMY



National Tel: 021 271 1200



2<sup>nd</sup> Floor, Trevenna Centre, Vasco, Goodwood, 7460, South Africa T: 021-271 1200/01 www.rsna.co.za admissions@rsna.co.za

# Robert Sobukwe Nursing Academy: A G R I S E T A Application Form

	PLEASE PRINT. USE A PEN WITH BLACK INK. PLEASE MARK  Course Date: d d m m y y y y																						
RELEVANT BLOCKS WITH 'X'. BOLD FIELDS ARE COMPULSORY. Student No:																							
COURSE YOU ARE APPLYING FOR?																							
Please mark relevant block with 'x'																							
Compulsory Registration	Egg	1 .	R2000	00		NC	· Ani	ma	l Dro	du	ctio	n NQ	E /1	119	979	`			1	R30	00	2 00	
NC: Plant Production NQF												stem		_			7)			R26			
NC: Horticulture NQF 2 (6																							
Course Method:	E-Learni	ng				S	Self-S	Stu	dy			Ful	II T	im	е			Pa	art	Tim	е		
					Stı	ude	nt d	eta	ails														
Title:										G	end	er:				Ma	ıle		T	Fe	ma	le	
Student Surname:										_													
Student Name:																							
ID / Passport number:													Da	+0	of bi	rth.		Day	,	Mon	th	Υe	ear
Nationality:													Da	ite	ומ זט	rtn:							
Home Language:											Pleas	se note	tha	at all	class	es w	ill be	cond	duct	ed in I	Engl	ish	,
Ethnic Group:	Black		Whit	e		Co	loure	d			Inc	dian				Asia	n			Of	the	r	
Study Visa:	YES	NO		Interna	ation	al stu	dents	will	recei	ve a	dditio	onal in	forn	natio	on to	facili	tate	their	visa	appli	cati	on	ı
Student contact	Cell:																						
numbers:	Work:												_										
C Mail Address.	Home:																						
E-Mail Address: Residential Address:																							
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Postal Address:																							
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Title:		ITCA		XIII, I	uit			,ui	Gut	u	1411		и п.	_									
Surname:																							
Name:																							
ID / Passport number:																		Day		Mon	th	Υe	ear
	Cell:	ı											Da	te d	of bi	rth:	Г	<u> </u>					
Parent / Legal Guardian	Work:												П										
Contact numbers:	Home:																						
E-Mail Address:																							
Residential Address:																							
Postal Address:																	1=-						
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				omr			ion (	If A	Αрр	lic	able	e)											
Private / Hostel:	Do you re	quire	accom	mod	atio	n?													YES			NO	
		A list of	accom	modat	ions	will b					ition i	is rece	ived	/Vis	it								
							ww	w.rs	na.co	o.za													
						Edu	ıcati	ion															
Current / Grade / Level / Highest Qualification																							

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Current/ Year Completed School	Name of last School attended										
Where did you hear about	Friend/Fam	nily Website	Internet	Facebook	Instagram	Magazine	Newspaper				
Robert Sobukwe Nursing Academy?	Exhibition	n School	Radio	Other (plea	Other (please specify)						

School		Na	me of last Sch	ool attended	ı							
Where did you hear about	Friend/Family		Website	Internet	Facebook		Instagram	Magazine	Newspaper			
Robert Sobukwe Nursing Academy?	Exhibiti	on	School	Radio	Otl	Other (please specify)						
				Medical								

Disability: NONE YES (Please state) 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

	Res	pons	ible	Pers	on f	or Pa	aym	ent	of (	Cou	rse	Fees	;							
Title:																				
Surname:																				
Name:																				
ID / Passport No:																				
	Cell:																			
Contact numbers:	Work:																			
	Home:																			
E-Mail Address:																				
Residential Address:																				
Postal Address:																				
													Pos	tal ,	/ Zip	code	::			
Relationship to Student:													Pos	tal ,	/ Zip	code	:			
Relationship to Student: Signature of Financial													Pos	tal ,	/ Zip	code	<b>:</b> :			
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Signature of Financial Sponsor:	ARNER, he	ereby c	ommi	it to p	oay th	ne <b>FU</b>	LL CC	OURS	E FE	Ξ <b>Ε</b> , k			e & \$	Surr	name	e) the	und			
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Signature of Financial Sponsor:  , my capacity as a STUDENT/LE my PRACTICAL TRAINING EXP Signature of Student/Learner	ERIENCE.	ereby c	ommi	it to p	oay th	ne <b>FU</b>	LL CC	OURS	E FE	EE, t	efor	e I wi	e & \$	Surr	name	e) the	undo com	men	ce w	ith
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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:	
l,	(Student Name & Surname – PLEASE PRINT),
hanahu daalana that.	,

#### 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;
- 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;
- I will inform Robert Sobukwe Nursing Academy immediately (in writing), in the event of the following: change of residential or postal addess, cancellation of or changes made to my course and/or my subjects;
- 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;
- 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;
- 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;
- I am aware that Robert Sobukwe Nursing Academy will levy bank and administrative fees as determined by Robert Sobukwe Nursing Academy on adishonored 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)
- Adult learners proof of Employment History (If Applicable)

#### Send Application & Documentation to:

Courier Address:	2 <sup>nd</sup> Floor, Trevenna Centre, 245 Voortrekker Road, Vasco, Goodwood, 7460
Postal Address:	2 <sup>nd</sup> Floor, Trevenna Centre, 245 Voortrekker Road, Vasco, Goodwood, 7460
E-Mail:	admissions@rsna.co.za

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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 occurand 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										
iviedical condition.	State conditi	on:									
		(Select applicable paragraph: delete not-applicable)									
1 21 1 .	_	n agreement and am legally competent to sign this applicating Academy independently.	on and therefore	enter into	an agreem	ent					
b) I undersign this application and enter into an agreement with <b>Robert Sobukwe Nursing Academy</b> with the permission of my parents/ legal guardian/ spouse/sponsor.											
I, hereby deci	I, hereby declare that all the information provided is complete and accurate to the best of my knowledge:										
6: 1 .			5 .	Day	Month	Year					
Signed at:		Place	Date:								
Student signature:											
_	my capacity	ge of 21) I,as Parent □ / Legal Guardian □ am jointly and seventage owe Robert Sobukwe Nursing Academy in terms		le for all r		hich					
concluded with <b>Rob</b>	ert Sobukwe	Nursing Academy.									
Signature of Parent Legal Guardian:	/										
Admission Clerk/Ad											
Robert Sobukwe Nu	rsing Acader	ny		_							
Signed at:		Place	Date:	Day	Month	Year					
Advaigaiona Claul./A	dus in intent				- 1						
Admissions Clerk/A Signature:	uministrator										

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