

					St	uae	ent a	eta	ans											
Title:										Gender: Male Female										
Student Surname:																				
Student Name:																				
ID / Passport number:												Date	af hi	ut la c	C	Day	Mo	nth	Yea	r
Nationality:												Date	010	irtn:						
Home Language:		Please note that all classes will be conducted in English																		
Ethnic Group:	Black		Wł	nite		Со	loure	ed		In	diar	ı		Asian			C)ther		
Study Visa:	YES	NO		Inter	natio	nal stu	udents	will	receive	e additi	ional	informat	ion to	facilita	te th	eir vis	sa app	licatio	n	
Student contact	Cell:																			
numbers:	Work:																			
numbers.	Home:																			
E-Mail Address:																				
Residential Address:																				
																				
Postal Address:	L												_							
	Postal / Zip code:																			
		Ne	xt o	f Kin,	/Par	ent	/Leg	al (Guar	dian	De	etails								
Title:																				
Surname:																				
Name:																				
ID / Passport number:										Date of birth: Day Month Year							r			
Parent / Legal Guardian	Cell:											Date		run.						
Contact numbers:	Work:																			
	Home:																			
E-Mail Address:																				
Residential Address:																				
Postal Address:	L																			
	Postal / Zip code:																			
				ccon			ion ((If /	Appli	cabl	e)									
Private / Hostel:	Do you r	equire	e acco	ommo	datio	on?										YE	S	N	0	
A list of accommodations will be sent after Application is received/Visit <u>www.rsna.co.za</u>																				
						Edu	ucati	ion												
Current / Grade / Level / Highest Qualification																				
Current/ Year Completed School		М	lame	of las	t Sch	nool a	atten	ded												

ROBERT SOBUKWE NURSING ACADEMY

LANSI SCHORE A

Reg No: 2021/364896/07 Achieving <mark>Excellence</mark> Together

YES



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

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admissions@rsna.co.za

National Tel: 021 271 1200 Email: admissions@rsna.co.za Web: www.rsna.co.za

(Please state)

Where did you hear about Robert Sobukwe Nursing Academy?	Friend/Family	Website	Internet	Facebook	Instagram	Magazine	Newspaper			
	Exhibition									

Medical

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.

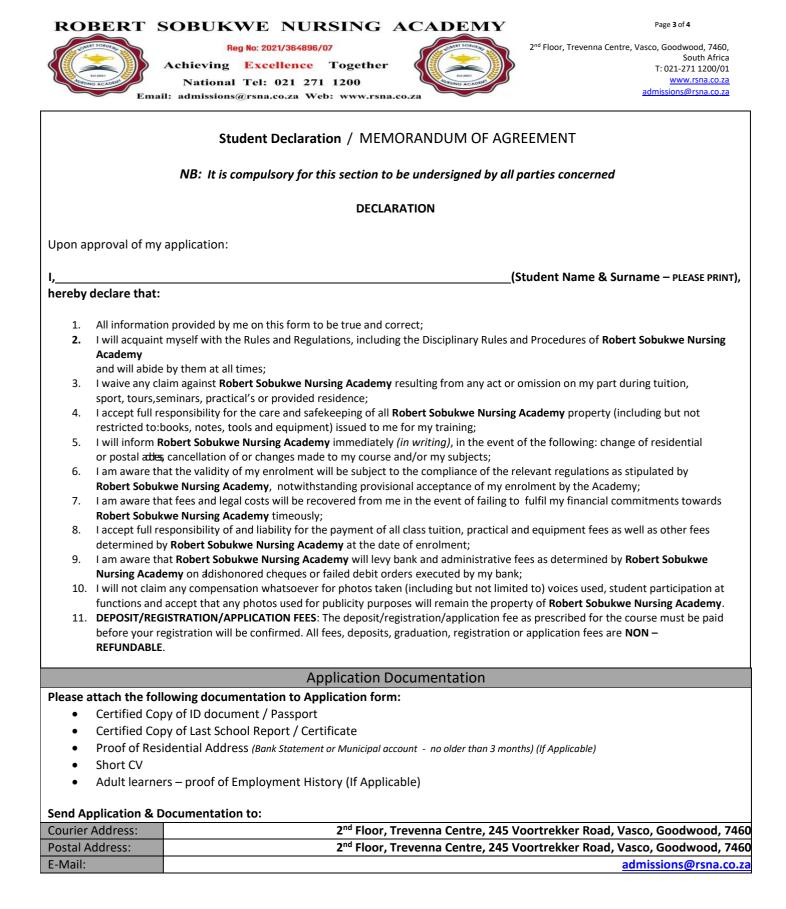
BANK DETAILS:

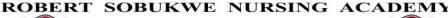
Disability:

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

NONE

	R	espo	nsible	e Per	rson	tor Pa	aymo	ent	ot (Cou	rse Fe	ees								
Title:																				
Surname:																				
Name:																				
ID / Passport No:																				
	Cell:																			
Contact numbers:	Work:																			
	Home:																			
E-Mail Address:																				
Residential Address:																				
Postal Address:												_								
													Posta	l / Zi	р сос	de:				
Relationship to Student:																				
Signature of Financial																				
Sponsor:																				
l,											(N	ame	e & Su	rnam	ne) tł	าe เ	ındei	rsign	ed, i	n
my capacity as <u>a STUDENT/L</u>	EARNER,	hereb	y comr	nit to	o pay t	he FU	LL CC	URS	E FE	E, b	efore	l will	l be p	ermit	tted	to c	comn	nenc	e wi	th
my PRACTICAL TRAINING EXF	PERIENCE.																			
,																				
		-																		
Signature of Student/Learner	r/																			
											.			-						
Signed at:	Place										Dat	e:		Da	ay	r	Mont	:h	Year	
	Place	:																		







N1/A

Reg No: 2021/364896/07

Achieving Excellence Together National Tel: 021 271 1200 Email: admissions@rsna.co.za Web: www.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:

Med	ical condition:	State co	ndition									
		State to	nuntion									
(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:												
<u>.</u> .						Day	Month	Year				
Signe	d at:		Р	lace	Date:							
Stude	nt 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.												
-	ture of Parent Guardian:	/										
Admis	ssion Clerk/Ad											
Signe				lace	Date:	Day	Month	Year				
Admis Signat	ssions Clerk/A ture:	dministra	ator									

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