ROBERT SOBUKWE NURSING ACADEMY
Reg No: 2021/364896/07 | www.rsna.co.za

STUDENT APPLICATION FORM
SAIOSH VERIFIED COURSES 2027 | admissions@rsna.co.za

GOODWOOD CAMPUS	CORPORATE OFFICE
2nd Floor, Trevenna Centre, 245 Voortrekker Road, Vasco, Goodwood, 7460 Tel: +27 (0)21 271 1200/1 | Cell: +27 (0)82 760 3135 | admissions@rsna.co.za	2nd Floor, Trevenna Centre, 245 Voortrekker Road, Vasco, Goodwood, 7460 Tel: +27 (0)21 271 1200/1 | Cell: +27 (0)67 790 0907 | corporate@rsna.co.za

PLEASE PRINT IN BLACK INK. MARK RELEVANT BLOCKS WITH 'X'. BOLD FIELDS ARE COMPULSORY.

Course Date:	

COURSE YOU ARE APPLYING FOR (Mark relevant block with 'X')

☐	Graduation Fee (SAIOSH Programs)	**R 500.00**
☐	Course Registration Fee	**R 500.00**
☐	Home Base Care/Caregiver - 3 Months	**R 2 000.00**
☐	Health Care Assistant Course - 5 Months	**R 3 250.00**
☐	Early Childhood Caregiver - 4 Months	**R 3 000.00**
☐	Health Administration (Office Administration) - 2 Month	**R 2 500.00**
☐	Wound Care Management - 8 Days	**R 2 000.00**
☐	HIV/AIDS Counselling with Rapid Testing - 4 Days	**R 750.00**
☐	HIV/AIDS, STI's and TB Management Course (HAST Course) - 4 Days	**R 750.00**
☐	Basic First Aid Life Skills - 1 Day	**R 750.00**
☐	CPR and AED Skills Course - 1 Day	**R 350.00**
☐	First Aid Level 1 to Level 3 - 3 Day	**R 2 000.00**
☐	Occupational Health and Safety (SHE REP) - 1 Day	**R 750.00**
☐	Basic Fire Fighting Skills Course - 1 Day	**R 750.00**
☐	Alzheimer and Dementia Care - 4 Days	**R 1 000.00**
☐	Diabetic Care Course - 4 Days	**R 1 000.00**
☐	Palliative Care Course - 4 Days	**R 1 000.00**
☐	Stoma Care Course - 3 Days	**R 1 000.00**
☐	Venture Creation Skills Course - 5 Days (Provider Based Certification Course)	**R 500.00**
☐	Broiler Chicken Farm Workshop - 8 Weeks (Provider Based Certification Course)	**R 4 000.00**
☐	Horticultural Farm Workshop - 12 Weeks (Provider Based Certification Course)	**R 6 000.00**

SECTION A: BIOGRAPHICAL DETAILS

Title		**Initials**		**Surname**			
First Names							
Birth Date	DD / MM / YYYY	**Marital**		**Gender**	☐ M ☐ F	**ID Number**	
Passport No.		**Home Language**		**Citizenship**			
Ethnic Group		**Criminal Record?**	☐ Yes ☐ No				

Disability (if applicable) — mark all that apply:

☐ Behavioral Disorder	☐ Deaf / Blind Disabled	☐ Hard of Hearing	☐ Partially Disabled
☐ Attention Deficit Disorder	☐ Blind	☐ Deaf	☐ Mild/Mod. Intellectually Disabled
☐ Autistic Spectrum Disorder	☐ Cerebral Palsied	☐ Epilepsy	☐ Multiple Disabled
☐ Psychiatric Disorder	☐ Specific Learning Disabled	☐ Profound Intellectually Disabled	☐ Dyslexia / Severe Intell. Disabled

Highest Grade Passed		**Matric Cert. Date and Number**	YYYY / MM	
Last School Attended				
Activity Last Year				

SECTION B: PERSONAL CONTACT INFORMATION OF STUDENT

Physical Home Address	**Study Address (whilst studying)**	**Communication Details**
		Cell Phone:
		Home Tel:
		WhatsApp:
Postal Code:	Postal Code:	Email:

SECTION C: PARENT / GUARDIAN / NEXT OF KIN CONTACT

Name & Surname		
Physical Home Address	**Primary Postal Address**	**Communication Details**
		Cell Phone:
		Home Tel:
		WhatsApp:
Postal Code:	Postal Code:	Email:

SECTION D: PERSON RESPONSIBLE FOR PAYING ACCOUNT

Name & Surname		
Physical Home Address	**Primary Postal Address**	**Communication Details**
		Cell Phone:
		Home Tel:
		WhatsApp:
Postal Code:	Postal Code:	Email:

SECTION E: DECLARATION AND UNDERTAKING (COMPULSORY)

Please read carefully before signing. "Academy" means Robert Sobukwe Nursing Academy.

1. ENTRANCE REQUIREMENTS

a) All candidates who comply with minimum entry requirements will still be subjected to Interest and Placement Testing. b) Student numbers are subject to enrolment targets per programme (PQM). c) Candidates may not have a criminal record unless part of a special project with Correctional Service Centres.

2. DOCUMENTS REQUIRED

Documentation becomes Academy property. Submit: a) Certified ID / Smart Card (both sides, <3 months old). b) foreign applicants: valid passport + study permit / refugee certificate. c) Certified latest school results. d) Certified proof of residential address or affidavit. e) Transfers: authentic academic records.

3. FEES

Deposit/registration/application fee must be paid before registration is confirmed. All fees, deposits, graduation, registration, EISA Examination fees or application fees are NON-REFUNDABLE.

4. GENERAL

Complete form fully in black ink and capital letters. Incomplete forms will be returned. a) SAQA approval is applicant's responsibility for foreign qualifications (012 431-5070). b) Exam admission subject to QCTO EISA National Examinations guidelines. c) Withdrawal after enrolment totals / exam entries submitted: full fees payable (exceptions: serious illness with medical certificate, death, or transfer – pro rata). d) Personal information protected under POPIA 2013 (ss 19–20, 54).

5. CONTRACT

I declare the particulars true and correct and that: a) I will inform Admin of cancellations or address changes. b) False information may result in immediate cancellation of registration. c) I will abide by Academy rules, Code of Conduct and Language Policy. d) Medium of tuition is English; no claims regarding language. e) I accept all rules and amendments. f) Academy not liable for personal damage/loss. g) I authorise urgent medical assistance at my cost. h) I will seek treatment for contagious diseases. i) I am responsible for bursary follow-up; NSFAS funding not guaranteed. j) I am liable for legal costs on debt collection.

FULL NAME (STUDENT)	**SIGNATURE**	**DATE**

SECTION F: DECLARATION BY PARENT / LEGAL GUARDIAN

I declare that: a) I consent to the applicant's declaration in Section E and confirm the particulars are true. b) I consent to my child/applicant abiding by Academy rules throughout study. c) Academy not liable for personal damage/loss. (If student is a minor, Parent/Guardian guarantees the debt.)

FULL NAME (PARENT/GUARDIAN)	**SIGNATURE**	**DATE**

Incomplete applications will not be processed. Ensure all questions are answered, certified documents enclosed, proof of address included, and all parties have signed.

ACADEMY OFFICIAL (Name)	**SIGNATURE**	**DATE**

This contract must be signed by all parties concerned

OFFICE USE ONLY

Payment	**Rec No.**	**Amount**	**Payment**	**Rec No.**	**Amount**
Registration Fee			Course Deposit Fee		
Course Fee			Course Fee		
Course Fee			Course Fee		
Course Fee			Course Fee		

BANKING DETAILS: Robert Sobukwe Nursing Academy (Pty) Ltd

Account Number	62887371476
Branch Code	250655
Type of Account	FNB Business Cheque Account
Reference	Name and Surname
Sent Proof of Payment to	admissions@rsna.co.za