APPLICATION FORM FOR ACADEMIC ADMISSION 2018

GUIDELINES AND INFORMATION FOR APPLICANTS:
1. Do NOT fill in this form unless you have read the leaflet “STUDENT RECRUITMENT, ADMISSION & SELECTION POLICY GUIDELINES FOR ALL PROGRAMMES”
2. Forms not completed in accordance with instructions in the leaflet will not be considered.
3. All sections must be completed in CAPITAL letters.
4. APPLICATION FEE:
   A non-refundable application fee of R50 must accompany the application form. A non-refundable late application fee of R120 is payable after the closing date.
5. BANKING DETAILS:
   ACCOUNT NAME: LILITHA COLLEGE OF NURSING
   BANK: FIRST NATIONAL BANK
   BRANCH: BHISHO
   BRANCH CODE: 210619
   ACCOUNT NUMBER: 62407182229
   REFERENCE: APP- NAME AND SURNAME
6. DOCUMENTS TO BE ATTACHED:
   6.1. Original deposit slip to the application form and keep a copy for future reference
   6.2. A Certified Copy of a valid Grade 12 Certificate with Aggregate D or E (from 720 and above) / Old Certificate and meet minimum requirements for Admission to a Bachelor’s Degree or a Diploma for the new Certificate
   6.3. Certified Copy of Grade 11 end of the Year Report or Term1 Grade 12 Report for candidates who are still studying Grade 12
   6.4. An Academic Record and Certificate of Conduct if transferring from another College or Institution
   6.5. A Curriculum Vitae, Certified copy of Identity Document and Marriage Certificate for married candidates
   6.6. A well written Application Letter
   6.7. For a Study Leaver – A Recommendation Letter and Proof of approved Study Leave
SECTION A: PERSONAL DETAILS

SURNAME: .................................................. INITIAL(S)........... TITLE.............

FULL NAME(S): ........................................................................................................

MAIDEN NAME: (if applicable) ..................................................................................

ID. NO.: .....................................................................................................................

DATE OF BIRTH:  ........................................................................................................

MARITAL STATUS: SINGLE □ MARRIED □ DIVORCED □ WIDOWED □

HOME LANGUAGE:  ........................................ RELIGION:  ........................................

PHYSICAL ADDRESS: ................................................................................................

....................................................................................................................... POSTAL CODE:  ......................

CONTACT NO (S): .....................................................................................................

EMAIL: ....................................................................................................................

POSTAL ADDRESS: ................................................................................................

....................................................................................................................... POSTAL CODE:  ......................

RACE GROUP: BLACK □ WHITE □ COLOURED □ INDIAN □

NATIONALITY: SOUTH AFRICAN CITIZEN □

FOREIGNER WITH PERMANENT RESIDENCE PERMIT □
(Foreign applicants must submit proof of permanent residence)

PASSPORT NUMBER: .............................................................. EXPIRY DATE:..............
SECTION B: DISABILITIES / SPECIAL NEEDS

DO YOU HAVE ANY DISABILITIES / SPECIAL NEEDS?  YES  NO

If yes, please indicate:

VISUAL IMPAIRMENT  

HEARING IMPAIRED  

PHYSICAL IMPAIRMENT  

OTHER

If other please specify: .................................................................

Please provide more information if you have ticked any of the above.

.................................................................

SECTION C: PROPOSED QUALIFICATION

NAME OF QUALIFICATION (Certificate or Diploma):
Eg. Diploma in Advanced Midwifery and Neonatal Care

.................................................................

NAME OF CAMPUS OR SATELLITE:

.................................................................
SECTION D: SCHOOL LEAVING DETAILS

NAME OF SCHOOL: ........................................................................................................

YEAR COMPLETED: ....................................................................................................

SOUTH AFRICAN APPLICANTS ONLY

Very important: if you are currently in Grade 12, please submit a certified copy of
the following results:
June Grade 12 results, September Grade 12 results (if available), Final Grade 12 results

Please indicate the grade or level of the subject passed (eg: SG, HG, Level 1 etc)

Please ensure that you list the following
- Grade or level of achievement for All subjects
- Clearly indicate mathematics or mathematical literacy
- Clearly indicate whether the language is home / 1st additional / 2nd additional

International applicants are required to submit a certified copy of their school
certificate

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If I am admitted as a student to the College, I undertake to:

1. Perform such work as may be assigned to me by members of staff and to conform to all the rules and regulations laid down by the College.
2. Acquaint myself with all the rules, regulations and instructions applicable to the qualification for which I enroll; I have also acquainted myself with the fees payable as stipulated by the College.
3. I am aware that my registration is valid only if it complies with the regulations of the qualification concerned, notwithstanding the acceptance of this registration by the College.
4. I accept that my examination results, certificate/diploma and study record may be withheld under the following circumstances:
   a. In the event of my student account being in arrears or
   b. In the event of any disciplinary matter pending against me
5. I will immediately inform the Admission Office in writing if I change my address
6. The information furnished by me herein is to the best of my knowledge true, correct and complete.
7. An applicant who submits any document in support of this application, which contains a false statement, is altered or forged, will be prosecuted both criminally as well as in terms of the Student Disciplinary Code. The findings of the Disciplinary Committee will be communicated to all other tertiary institutions in the country.

Signature of Applicant……………………………………Date……………………………
SECTION F: DECLARATION BY AN APPLICANT’S PARENT/LEGAL GUARDIAN/SURETY

Details of parent/legal guardian/surety

SURNAME: ............................................. INITIAL(S)............ TITLE.............

FULL NAME(S): .................................................................................................

ID. NO.: ..............................................................................................................

PHYSICAL ADDRESS:
.....................................................................................................................
......................................................................................................................... POSTAL CODE: .................

CONTACT NO (S): ..............................................................................................

EMAIL: ............................................................................................................... 

RELATIONSHIP TO APPLICANT (eg. Father, uncle, aunt etc). .........................

EMPLOYER’S NAME.........................................................................................

EMPLOYER’S ADDRESS:
.....................................................................................................................
......................................................................................................................... POSTAL CODE: .................

WORK TELEPHONE NUMBER.........................................................................
1. I confirm that I am the legal guardian of the applicant and agree to the provisions contained in the declaration of the applicant.

2. I apply on behalf of the applicant in my personal capacity for his or her registration as a student at the college and hereby bind myself as surety and principal co-debtor for all fees due and payable owing to the college by the applicant.

3. In so far as it may be applicable to me, I undertake, should the applicant be admitted to the college to:
   a. Comply with all the rules and regulations of the college
   b. Acquaint myself with all the rules, regulations and instructions applicable to the qualification for which the applicant enrolls.

4. I undertake to pay all fees prescribed by the college in respect of any module for which the applicant registers by the due date as well as other fees which may be owing to the college. I further note and accept liability of payment of interest as stipulated by the college from time to time in the event of my failing to pay fees for which I am liable for by the prescribed dates.

5. I understand the registration of the applicant may be cancelled or examination results may be withheld, if I fail to pay any fees owing, due and payable to the college in respect of the applicant on the due date without any prejudice to any rights which the college may have in respect of the recovery of such fees.

6. I declare that I have not been declared insolvent by a competent authority or any court of law on the date of signing this agreement.

7. I declare that the information supplied by me on this form is, to the best of my knowledge, true or correct.

Signature of parent/legal guardian/surety……………………………………

Date…………………………. Place……………………………………