



health

MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA



APPLICATION FOR A BURSARY FOR THE RSA/CUBA MEDICAL TRAINING PROGRAMME - 2017

The information required on this Application Form must be furnished in full. Failure to do so may jeopardise the applicant's chances of obtaining a bursary. Certified copies of all documents as outlined on Page 5 should be attached.

NB: APPLICANTS MUST BE PREPARED TO UNDERGO SCREENING FOR CHRONIC DISEASES

FILL IN THIS APPLICATION FORM IN CLEAR BLOCK LETTERS AND MARK WITH AN (X) WHERE NECESSARY

A: PERSONAL INFORMATION

TITLE: Mr. ☐ Mrs. ☐ Miss ☐ Other ☐

SURNAME:

NAMES (S):

RACE: African ☐ Coloured ☐ Indian ☐ White ☐ Other ☐

GENDER: Male ☐ Female ☐

DATE OF BIRTH:

ID NO.:

AGE: DISABILITY: Yes ☐ No ☐

If YES, please specify

E-MAIL ADDRESS:

MOBILE NUMBER:

TELEPHONE NUMBER:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

MUNICIPALITY:

DISTRICT: WARD NO.:



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[illegible][illegible]



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**MATRICULATION CERTIFICATE:**

Year Obtained:					Name of the School:								
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Province:

Municipality:

[illegible]

LIST **ALL** YOUR GRADE 12 LEARNING AREAS OR SUBJECTS. THOSE WITH SYMBOLS MUST CONVERT THEM AS PER CONVERSION TABLE AND INSERT THEM IN THE SCORE COLUMN:

LEARNING AREAS OR SUBJECTS		LEVELS	SYMBOLS (HG/SG)	SCORE	CONVERSION TABLE		
1.					SYMBOLS	HIGHER GRADE	STANDARD GRADE
2.					A	7	6
3.					B	6	5
4.					C	5	4
5.					D	4	3
6.					E	3	2
7.					F	2	1
8.							
TOTAL SCORES							

E: CURRENT FIELD OF STUDY *(if already studying)*

Year of Study:

[illegible]

Student No.:



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MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA**F: CONTACTABLE REFERENCES** *(Please Provide Two)*

NAME:

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RELATION:

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TEL. NO.:

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NAME:

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RELATION:

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TEL. NO.:

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G: DECLARATION

I certify that the information given above is true and correct and that I have read and understood the conditions governing the granting of bursary loans in the event of a bursary loan awarded to me.

I also undertake to abide by the rules and regulations of the Programme and also undertake to complete the duration of the MBCHB Course.

I am prepared to enter into a contractual agreement with the Department of Health to serve back the number of years sponsored in a facility determined by the Department.

SIGNATURE OF APPLICANT

Date:

SIGNATURE OF PARENT or GUARDIAN (if minor)

Date:

FOR OFFICE USE ONLY

Head of Department (or Designee)

Date:



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RETURNING THE BURSARY APPLICATION FORM

The following documents must accompany your bursary application form

- Letter of Application
- Certified copies of your identity document (ID). NB: Students must not be older than 25 years in age
- Certified copy of your Matric/Grade 12 Certificate
- Recent Salary Advice/Payslip of parent (s) or Guardian
- If parent (s) or Guardian is unemployed please submit an affidavit
- Proof of Residence from your local municipality or local Traditional Leader/Chief
- **SHORTLISTED CANDIDATES WILL BE REQUIRED:**
 1. To Submit A Valid Passport.
 2. To Submit Ten (10) 4x5 cm ID photos
 3. To Submit A Police Clearance Certificate indicating a Negative Criminal Record
 4. To undergo medical screening at health facilities prescribed by the Department of Health

RETURN YOUR APPLICATION BY HAND TO THE FOLLOWING ADDRESSES OR TO YOUR NEAREST HOSPITAL:

EHLANZENI DISTRICT

PHYSICAL ADDRESS

66 Anderson Street
Mbombela

Hoxani Sub-District Offices:
Hoxani Multi-purpose Community Centre, Mkhuhlu
R536 Kruger Road

ENQUIRIES: Justice Ravhura @ Tel. 013 755 5161

ENQUIRIES: Linky Khoza @ 013 708 0046

GERT SIBANDE DISTRICT

PHYSICAL ADDRESS

39 Jan van Riebeeck Street
Ermelo

ENQUIRIES: Sydwell Gwebu @ Tel. 017 811 1642

NKANGALA DISTRICT

PHYSICAL ADDRESS

Piet Koornhof Building
Emalahleni

ENQUIRIES: Halifax Aphane @ Tel. 013 658 1012

THE CLOSING DATE IS THE 31st MAY 2017

FOR ALL OTHER ENQUIRIES CALL: MARIE MHLABANE/SIPHO MAHLANGU @ 013 766 3372 / 3024