

**WESTERN CAPE COLLEGE OF NURSING (WCCN)****APPLICATION FOR NURSING STUDIES****GUIDE TO COMPLETE THE APPLICATION FORM**

Please read the information and instructions carefully before completing the application form.

Nurse training programmes differ from campus to campus, therefore take cognisance when you apply that you correctly identify the programme you wish to study.

Campus preference for undergraduate will be considered, but acceptance at a campus remains the discretion of the College

Undergraduate nursing studies offered at: Athlone campus, George campus and Worcester campus

Psychiatric component of programme will be offered at: Metro East (Stikland) campus

Prospective students, who handed in applications, should contact the Western Cape College of Nursing (WCCN) at the campus of preference:

Boland Overberg Campus (Worcester): 023 347 0732/52

Metro West Campus (Athlone): 021 684 1200

South Cape Karoo Campus (George): 044 803 1700

If accepted, acceptance letters will be available at the campus of preference

No guarantee can be given that funding will be granted to students. All prospective students must make provision to pay for Application/Registration/Study/Residential fees!

PLEASE READ THE FOLLOWING CAREFULLY PRIOR TO COMPLETION OF THE APPLICATION FORM**1. General**

- 1.1 NB: **Only one (1)** application form per student is allowed. Any additional applications will not be processed
- 1.2 This form must be completed by **all** students who apply to the Western Cape College of Nursing **for the first time**. Students with a break in their studies of a year or more must re-apply to continue their studies.
- 1.3 Ensure that this application form is completed **in full** and that **certified copies of all supporting documents** are enclosed (**DATED CERTIFIED COPIES MUST BE LESS THAN THREE (3) MONTHS OLD**).
- 1.4 **COMPLETE THE FORM IN PERMANENT BLACK INK AND USE BLOCK LETTERS**. Incomplete areas, enclosing uncertified documents or no documents, or if the contract is not signed will cause a delay in processing the application.
- 1.5 Proof of payment of the application fee (original bank deposit slip or EFT notification of payment), or certified copy of thereof, is enclosed with the application form. (**Non –Refundable R150.00 application fee**)
- 1.6 The closing date for applications for the next academic year is **15 October 2018**
- 1.7 **NO** late applications will be accepted

- 1.7 The **Four-Year Course Leading to Registration as a Nurse (General, Psychiatric, and Community) and Midwife** will be presented at the following WCCN Campuses
a) **Metro West Campus (Athlone); b) Boland Overberg Campus (Worcester); c) Southern Cape Karoo Campus (George) and Metro East Campus (Stikland)**

**1.5.1 THE CLOSING DATE FOR APPLICATIONS FOR THE 2019 ACADEMIC YEAR IS
15 OCTOBER 2018**

1.5.2 NO late applications will be accepted.

- 1.6 Contact the Admissions Office for enquiries, at
+27(0) 23 347 0732 (Ms Alicia Smith, Worcester Campus), +27 (0)44 803 1700 (George Campus), +27(0)21 684 1200 (Athlone Campus)

2. Admission requirements

- 2.1 Consult WCCN brochures/Pamphlet for minimum admission and specific qualification requirements.
2.2 Senior Certificates with subjects on Higher and/or Standard Grade (pre-2008 is accepted provided they comply to 2.1.)
2.3 All candidates who comply with the minimum requirements will be invited for an *interview*.
2.4 Prospective candidates will be informed via email/sms/WhatsApp by latest **30 November 2018** on their selection *Status*.

3. Documents MUST be submitted with the application form

- 3.1 A certified copy (less than three (3) months old) of page one of your Identity Document/Card
3.2 A certified copy (less than three (3) months old) of your National Senior Certificate or equivalent qualification, still in Grade 12, marks obtained at the end of grade 11 together with your most recent Grade 12 marks must be submitted.
3.3 If you attended any higher education institution, an original Academic Record and a Certificate of Conduct must accompany application form.
3.4 Submit certified copies (less than three (3) months old) of certificates/diplomas/degrees obtained previously. In case the name on the National Senior Certificate or equivalent qualification differs from the name of the national identity document and on the application form, evidence needs to be included to verify the difference. The same applies when the ID number differs.

WCCN reserves the right to verify and take legal action if documents are not authentic. Application will not be accepted

4. Application Fee

- 4.1 Proof of payment of the application fee (original bank deposit slip or EFT notification of payment), or certified copy thereof, is enclosed with the application form. (**Non –Refundable R150.00 application fee**)

Please deposit Application fee into the following Bank account:

Department of Health

Nedbank

Branch No: 145209

Account No: 1452054975

Deposit Reference: WCCNAppFee / SA ID Number

NB: Please attach the original proof of payment to the Application Form

SECTION B: WHERE TO SEND YOUR APPLICATION

ADDRESS YOUR APPLICATION TO THE ADMISSIONS OFFICE AT THE POSTAL ADDRESS AS INDICATED

NB: Please check the campus(es) and address your completed application form to the campus where the programme is offered.

CAMPUS	ADDRESS
Athlone – Metro West Campus	Western Cape College of Nursing, Private Bag X 2, Surwell, 7762
Worcester – Boland Overberg Campus	Department of Health, Private Bag X 3113, Worcester, 6849
George – South Cape Karoo Campus	1 Herrie Street, Dormehlsdrift, George 6530



STUDENT NUMBER

WESTERN CAPE COLLEGE OF NURSING

APPLICATION FOR NURSING STUDIES

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For office use only.

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Form checked	Date		Name		Signed	
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Form captured	Date		Name		Signed	
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Please attach the original proof of payment

Have you studied at/applied to WCCN before?	Yes	No
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If YES, please supply your student number							
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Have you studied at/applied to a previous Nursing College	Yes	No
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If YES, please supply your student number or indicate the name of the previous nursing college you studied with							
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Have you studied at/applied to a university before	Yes	No
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If YES, please supply your student number or indicate the name of the previous university you studied with							
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Title (e.g. Mr, Ms)				
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Initials				
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Surname																				
First name																				

NB: Applications will NOT be processed without a certified copy (less than three (3) months old) of the applicant's ID or passport

SA Identity number													
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Passport number													
-----------------	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth	D	D	M	M	Y	Y	Y	Y
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Gender	MALE		FEMALE	
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Population Group	BLACK		COLOURED		INDIAN		WHITE		OTHER	
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Home language																			
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Have you been convicted for a criminal offence?	Yes		No	
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Indicate proposed full time Under- graduate nursing program you wish to study:
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Please choose your preferred campus. Tick the appropriate box	Athlone	Worcester	George
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Did you attach the original proof of payment	YES		NO	
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For office use only. Tick the appropriate box. Fill in the details and stamp as indicated

CHOICE	Accepted	Provisionally accepted	Rejected	Waiting list	Further Evaluation	Date
Reason for rejection (compulsory)			Name			Signature
Comment			Name			Signature

DEPARTMENT

STAMP

Receipt/Bank Deposit number	Date	Amount	Cashier (Print, Initial and Surname)

PRESENT ACTIVITY BEFORE YOU START YOUR STUDIES (Information required for Government reporting and statistical purposes) *Tick the appropriate box.*

University student at:	Grade 12 student
University of Technology student at:	FET/TVET college student
Other (e.g. Labour force, unemployed, specify)	

Tick the appropriate box

Are you applying for residence	Yes	No	If YES please complete the Residence Application and contract section of the application form.
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Passport number	1 st year	2 nd year	3 rd year	4 th year
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CONTACT DETAILS (COMPULSARY)

RESIDENTIAL DETAILS (where you live permanently) Attach a certified copy of proof of address not older than 3 months

Address																			
												Postal code							
Telephone (home)																			
Telephone (work)																			
Cell phone																			
Email address																			

ACCOUNT DETAILS (responsible person for payment of fees' detail) Attach a certified copy of proof of address not older than 3 months (not employer, sponsor or bursary address) Legal Guardian/Parent information must be entered here in case of minor applicants

Surname																			
Title (e.g. Mr, Mrs)			Initials																
ID number of responsible person																			
Relationship (e.g. father)																			
Postal address (contactable permanent address)																			
												Postal code							

Telephone (work)																				
Telephone (home)																				
Cell phone																				
Email address																				

CONTACT DETAILS Next of Kin (e.g. father, mother, spouse). This information is required in case of emergency etc.

Surname																				
Title (e.g. Mr, Mrs)				Initials																
Relationship (e.g. father)																				
Postal address (contactable permanent address)																				
																Postal code				
Telephone (work)																				
Telephone (home)																				
Cell phone																				
Email address																				

HIGH SCHOOL OR EQUIVALENT INFORMATION

Grade 12 examination number																				
Date of Grade 12 examination		Y	Y	Y	Y	M	M													
Name of High School/College																				
Contact detail of high school/college telephone number																				

VERY IMPORTANT: If you are currently in Grade 12, please submit a certified copy of your Grade 11 results and recent Grade 12 results. School leaving applicants must submit a certified copy of their school leaving certificate (must be less than three (3) months old).

PREVIOUS HIGHER EDUCATION

If you have already been a student at a College or Higher Education Institution (for eg. At a Technikon, University of Technology, College or University), please complete this section. Provide the details of your most recent enrolments.

Period		Name of Institution	Name of Qualification	Completed successfully (Yes or No)	Student number
From year	To year				

Please attach certified copies of your academic record, certificate of conduct and previously obtained certificate/diploma/degrees (certified copies must be less than three (3) months old)

EMPLOYMENT

If you are currently employed (full-time or part-time), please provide the name of your employer and full contact details such as telephone number and e-mail address.	
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WHERE DID YOU HEAR ABOUT WCCN, OR WHAT MADE YOU DECIDE ON WCCN AS A STUDY OPTION?

Choose as many as are applicable:

Newspaper adverts		Open day	
Visit to school or staff members		Billboards	
From your friends or family		Facebook	
From the internet (website)		Twitter	
Radio adverts		YouTube	
From career expos		Other	
From school guidance teacher		If other, please specify	
Visit to the college			

LEGAL UNDERTAKING (COMPULSARY)

I, _____

I.D/Passport number _____

Declare that all the particulars supplied by me in this form are true, complete and correct. I accept that any incorrect or misleading information could lead to the cancellation of this application.

1. I undertake:
 - 1.1 to comply with all the rules and regulations, including the disciplinary rules of the Western Cape College of Nursing including any amendments thereof as published from time to time and to acquaint myself with all the provisions thereof;
 - 1.2 to notify the relevant department immediately should:
 - 1.2.1 I cancel or abandon my studies
 - 1.2.2 I change my address
 - 1.2.3 Or any changes to information that has been submitted in this form
 - 1.3 to familiarise myself with and adhere to all the rules and general regulations applicable to the qualification for which I intend to enroll in as well as the rules regarding the payment of fees.
2. I undertake that I will not hold the Western Cape College of Nursing liable nor make any claim against the College for any compensation and/or any expenses incurred or damages suffered as a result of or in respect of any injury to me or illness or my death, irrespective of whether any such damages, injury or death may have been attributable to any degree of negligence on the part of the College or one or more of its employees or other person(s) for whose actions It might, but for this undertaking, have been responsible
3. I am aware that my enrolment is only valid if it complies with the applicable prescripts and regulations governing the qualification concerned, notwithstanding the acceptance of this enrolment by the College.
4. I accept that, if I abandon, cancel or change my qualification or my studies at the College at any time, cancellation or reduction of fees will be considered and that I will remain liable for the payment of fees as determined by the Government Treasury Department.
5. I agree and consent that the College may provide me with statements of account and any other communiqués by way of electronic communication through data messages or online services. These data messages may be sent to my cellular number, or email address provided by me.
6. I accept the responsibility for the payment of fees (tuition, residence and any other applicable fees).
7. I hereby give permission that information about my academic progress be divulged to the person/bursar liable for payment of fees. I consent to personal information being used for Government and College statistical purposes.
8. I agree, understand, consent and irrevocably authorise the Western Cape College of Nursing to keep, use, process and verify information in paper and electronic format, including information supplied by me during the application and registration process.
9. I agree, understand, consent and irrevocably authorise the Western Cape College of Nursing to account, communicate and report to my spouse, parents or legal guardians or any person or body responsible for the payment of my tuition fees or bursary regarding my academic and general progress at the Western Cape College of Nursing and to communicate to my spouse, parents or legal guardians or any person or body responsible for the payment of my tuition fees or bursary and any prospective employer any personal information required by such third party.
10. I hereby irrevocably authorise and expressly give my consent that the Western Cape College of Nursing may use, provide or disclose any information including my personal information that may reasonable be required by third parties for the purpose of research, educational opportunities and making bursaries/sponsorships available to prospective students at Higher Institutions such as the Western Cape College of Nursing.
11. I hereby irrevocably authorise and expressly consent that Western Cape College of Nursing may use, provide or disclose my personal information which information may reasonably be required for WCCN research, including statistical or historical purposes

SIGNED AT _____

ON THIS _____ DAY _____ OF 20 _____

SIGNATURE OF APPLICANT _____

Herein assisted as far as may be necessary while the applicant/student is still under the age of eighteen (18) years

I, _____ I.D/Passport number _____

the undersigned, hereby acknowledge myself to be jointly and separately responsible for monies which the above-mentioned applicant may at any stage be owing to the Western Cape College of Nursing in terms of the agreement that they've concluded with the Western Cape College of Nursing as set out above including any change thereto.

SIGNED AT _____

ON THIS _____ DAY _____ OF 20 _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

NB: It is compulsory that this contract is signed by all parties concerned

I acknowledge that a reduction of fees will not be granted should residence be taken up after commencement of a semester or in the event of termination of residence before the end of a semester, unless specifically agreed to by the College under special circumstances.

I acknowledge that residence fees and other charges are subject to increase from time to time without prior notice.

I acknowledge that the College shall have the right to summarily terminate my accommodation and eject me from the Residence should I breach my aforesaid undertakings, or should I cease to pursue my aforesaid course of study, without prejudice to the rights of the College in respect of any amounts I may owe it and the right to the College to claim forfeiture of any balance of the deposit still held by it.

Non-Adherence to residential rules and or Government Code of Conduct can lead to the termination of my accommodation and eviction from the WCCN residences.

SIGNED AT _____

ON THIS _____ DAY _____ OF 20 _____

SIGNATURE OF APPLICANT _____

I, the undersigned _____

ID/Passport Number _____, (the legal guardian of the Applicant)

do hereby assist the Applicant as far as may be necessary in contracting with the College on the terms stated above, and I undertake personally to the College to fulfil all the financial obligations of the Applicant to the College in respect of the period while the Applicant is still under the age of eighteen (18) years.

SIGNED AT _____

ON THIS _____ DAY _____ OF 20 _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____



WESTERN CAPE COLLEGE OF NURSING

CHECKLIST

Please note that the College does not consider incomplete applications. Before submitting your application, please check that you have done everything that applies to you, as shown on the list below.

We suggest you tick the box next to each point when you have checked it.

Have you filled in all sections of the form that apply to you?	
Have you ensured that you meet the minimum admission requirements for the qualification you are applying for?	
Have you signed the "Legal Undertaking" declaring that the information given is complete and correct?	
If you are under 18, have you obtained your parent`s/guardian`s signature?	
Have you included your ORIGINAL proof of payment, or certified copy? This is an administration fee and is non-refundable.	
If you wish to be considered for a place in residence, have you completed the Residence Application form? NB: applying for accommodation in residence does not guarantee that you will be allocated a room in a residence.	
Have you provided all the contact details requested in the form?	
Have you provided your ID and passport number and attached a certified copy of your ID and passport document? (Less than three (3) months old).	
If you are still in Grade 12, have you submitted your marks obtained in Grade 11 together with your recent Grade 12 marks?	
If you already have a Grade 12 Certificate, have you enclosed a certified copy of it? (Less than three (3) months old).	
If you are already a student with another higher education institution or if you have already studied at one, have you enclosed a detailed academic record and a certificate of conduct from the institution where you studied last?	
If you have completed a qualification at another Higher Education institution, have you attached a certified copy of your highest completed qualification? (Less than three (3) months old).	
If you are an International applicant, have you attached a certified copy of your passport, refugee permit or proof of permanent residence and your school leaving certificate (Less than three (3) months old)?	
If you are an International applicant with a non-African qualification, have you attached the SAQA certificate?	
Have you completed the prescribed requirements, such as a portfolio/letter for the relevant qualification?	