



LIMPOPO COLLEGE OF NURSING

APPLICATION FOR ADMISSION 2024- DIPLOMA IN NURSING: GENERAL (R.171 OF 8 MARCH 2013)



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

A: PERSONAL INFORMATION (PLEASE Print)

*(Certified copy of I.D. and Marriage Certificate must be attached)

A.1 Surname																	
Maiden Name (If Applicable)																	
A.2 Names																	
A.3 Identity No																	

A.4 Are you a South African Citizen	YES	NO	A.5 Gender	Male	Female
A.6 Have you been convicted of criminal offence?				YES	NO
A.7 Is there any criminal charges pending against you?				YES	NO
A.8 Do you have a disability?				YES	NO
A.9 Did you include a postal order				YES	NO
A.10 Postal order number					

B: HOW DO WE CONTACT YOU

B1: Residential Address _____

 Code _____

B2: District : _____
 Local Municipality _____

Name of Relative		Tel No.								
Name of Relative		Tel No.								
Applicant's telephone no.										
Email address										

C: ACADEMIC DATA (Certified proof must be attached)

C.1 Have you passed grade 12 with an exemption or bachelor's degree?	YES	NO
C.2 In which year did you pass Grade 12?		
C.3 Do you have any post matric qualification?	YES	NO
C.4 Indicate the qualification type e.g. Bachelor degree or National Diploma	YES	NO
C5 Are you currently registered/studying with any institution of higher learning		
C6 Indicate the name of the institution and programme e.g. X University	YES	NO

D: DECLARATION

I declare that the above particulars and information given with my application is completed and true, and that I am aware that any purposeful withholding of information supplied by me could lead to immediate disqualification.

Signature of Applicant----- Date: -----