



**THUTO BOPHELO NURSING ACADEMY  
APPLICATION FORM**

**A. PERSONAL PARTICULARS**

Title:	Surname:	Names:
Residential Address:	Suburb:                      Town:	Postal Address:                      Suburb:                      Town:
Telephone Numbers(s):	Own:                      (home)                      (cell) Spouse:                      (work)                      (cell)	
E-mail address:		
Identification Number:		
Date of birth:	Country of Birth:	
Nationality:	City of birth:	
Gender:	Male:                      Female:	
Marital Status:	Married                      Single                      Widow/Widower                      Divorced	
Are you currently working?	Y   N   Where?                      Date (s):	
	Name of contact person:                      Tel nr:	

**B. EDUCATIONAL QUALIFICATIONS**

Highest standard passed/ qualification obtained:	Year:	School attended/ Institution
SANC No.		
Did you do a health-course?	<i>If YES, please include copy of certificate</i>	
Name of course:	Name of institution	
Do you have any computer training?	<i>If YES, please include copy of certificate/explain</i>	
Name of course:	Name of institution	

**C. KNOWLEDGE OF LANGUAGES**

LANGUAGE	WRITE	READ	SPEAK
English			
Other			

**D. MEDICAL FITNESS**

Mark each question with a X in the appropriate block		YES	NO	YES	NO		
a.	Do you suffer from any physical illness, sensory or physical disabilities If YES, please specify			f.	Do you suffer from any type of psychological illness e.g. depression, bi-polar, epilepsy, etc.) If YES, please specify.		
b.	Have you ever experienced any back problems? If YES, please specify condition and any treatment received.			g.	Are you on any type of chronic medication (hypertension, insulin, etc.) If YES, please specify.		
c.	Have you ever sustained an occupational injury? If YES, was it certified as such? Did you receive any compensation for the injury?			h.	Do you use any addictive substances (alcohol, pills, etc.) If YES, please specify.		
d.	Do you smoke?			i.	Are you currently pregnant or plan to start a family during future training?		
				j.	Submit medical fitness documents.		

**E. REFERENCES (People who know you)**

NAME OF REFERENCE	TELEPHONE NRS	RELATIONSHIP (e.g. friend/relative)

**DECLARATION**

*Hereby I, the undersigned, declare that the above particulars are complete and correct.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

***This application must be accompanied by: 6 certified copies of the learner's Identification document  
6 Certified copies of learner's Highest Qualification***