



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: Metro West campus in Athlone, Southern Cape Karoo campus in George and Boland Overberg Campus in Worcester

Psychiatric component of programme will be offered at: Metro West Campus in Athlone

WCCN CAMPUSES CONTACT DETAIL:

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!

SECTION A

INSTRUCTIONS

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**). Incomplete forms, applications without correct attachments or without payment will not be considered.
- 1.4 **COMPLETE THE FORM IN PERMANENT BLACK INK AND USE BLOCK LETTERS**. Incomplete forms, or forms without all required supporting documents will not be considered or processed.
- 1.5 Proof of payment of the application fee (original bank deposit slip or EFT notification of payment), or certified copy thereof, must be enclosed with the application form. (**Non –Refundable R150.00 application fee**)
- 1.6 **The closing date for applications for 2020 academic year for Diploma in Nursing is 30 August 2019.**
- 1.7 **NO late applications will be accepted**

- 1.8 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)**

- 1.9 Contact the Admissions Office for enquiries, at
+27(0) 23 347 0732 (Boland Overberg Campus), +27 (0)44 803 1700 (Southern Cape Karoo Campus),
+27(0)21 684 1200 (Metro West 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 with (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 **10 October 2019** 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.
- 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, please provide affidavit/written evidence to verify the difference. The same applies when the ID number differs.

Please note the following:

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

- No applicants without grade 12 Senior Certificates will be considered for selection due to the phasing out of legacy nursing qualifications (Statutory requirement)
- No International/foreign and RPL applications will be considered. (2020 Academic Year)
- All candidates who apply must be in possession of a Senior Certificate by 30 August 2019 endorsed by the South African Department of Education (UMALUSI)

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, must be 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 send your application form to the WCCN Campus where the programme will be offered and where you intend to study, if you were selected to commence with the programme.

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



WESTERN CAPE COLLEGE OF NURSING

APPLICATION FOR NURSING STUDIES

For office use only.

STUDENT NUMBER

Form checked Date Name Signed

Form captured Date Name Signed

Please attach the original proof of payment

Have you studied at/applied to WCCN before? Yes No

If YES, please supply your student number

If YES, please supply your student number or indicate the name of the previous nursing college you studied with

Have you studied at/applied to a college/university before? Yes No

If YES, please supply your student number or indicate the name of the previous college/university you studied with:

Title (e.g. Mr, Ms)

Initials

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

Passport number

Date of birth D D M M Y Y Y Y

Gender MALE FEMALE

Population Group BLACK COLOURED INDIAN WHITE OTHER

Home language

Have you been convicted for a criminal offence? Yes No

Indicate proposed full time Under- graduate nursing program you wish to study:

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

<p>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.</p>	
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WHERE DID YOU HEAR ABOUT THE WESTERN CAPE COLLEGE OF NURSING (WCCN)

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			

WHAT MADE YOU DECIDE TO STUDY AT (WCCN):

DISABILITY STATUS (COMPULSARY) Information is required by the College and Government)

If you have any disabilities/special needs, tick the relevant box. Contact the Disability Unit on, Tel: +27(0)21 953 8438. Choose NONE (000) in the case of no disabilities.			
NONE (000)		INTELLECTUAL (Learning difficulty) (005)	
SIGHT (001)		EMOTIONAL (Behaviour, Psychological) (006)	
HEARING (With hearing aid) (002)		MULTIPLE (007)	
COMMUNICATION (speech, Listen) (003)		DISABLED BUT UNSPECIFIED (009)	
PHYSICAL (Move, Stand, Grasp) (004)			
In brief, please provide some detail regarding your disability, below			

PROCESSING OF APPLICATION AND/OR RESIDENCE APPLICATION FORM

- Application will not be processed without the required certified copies of required documents listed in the GUIDE TO THE COMPLETION OF THE APPLICATION FORM (Pages 1 and 2)**
- Applications will not be processed unless the Legal Undertaking on this Application form has been completed and signed by all the parties concerned.**
- Applications for Accommodation in a College Residence will not be processed unless the Contract on this Application form has been completed and signed by all the parties concerned.**

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 I 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



STUDENT NUMBER									
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RESIDENCE APPLICATION AND CONTRACT

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WESTERN CAPE COLLEGE OF NURSING

If you require accommodation in a College residence complete the form below and sign the contract				
Indicate duration of stay <i>Tick the appropriate box</i>	Full year		Semester 1	Semester 2

Title (e.g. Mr, Mrs)		Initials																
Surname																		
First names																		

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

I, the undersigned _____ (the Applicant)

hereby apply for admission to a College Residence for the above-mentioned period, and undertake:

1. To pay the required deposit within 14 days from the date of the notification (letter of acceptance), failing which the reservation may be cancelled.
2. To give the Residence Placement Officer notice in writing at least thirty (30) days after receiving the notification that you have been admitted of any intention not to take up the accommodation and accept on failure to take up the accommodation without such notice, the College may summarily cancel such accommodation, in which event I shall forfeit the said deposit as liquidated damages.
3. To allow the College, should the accommodation be taken up, to set off the paid deposit against the first residence fees becoming due and to retain the balance as a deposit until after the period of residence.
4. In order to ensure accommodation on returning to the Residence, to pay the deposit within such period as may be stipulated in the notification of the reservation of accommodation in the Residence for the next year. This deposit will be offset against my residence fees on my recommencing such accommodation and I accept that I shall adhere to the original agreement as stipulated in point 2 above
5. In the event of my discontinuing residence for any reason before the end of a semester, or having my accommodation terminated, to forfeit the deposit as liquidated damages, without prejudice to the right of the College to claim payment of any other amounts I may owe it, whether as a result of my breach of contract or otherwise.
6. In the event of having booked accommodation for both semesters in any year, to give the Respective Co-ordinator written notice by no later than 01 April in that year, of any intention not to return to the residence for the second semester and I accept that, on failure to give such notice, the College shall have the right to summarily cancel my accommodation, in which event liability of payment, as liquidated damages, of the second semester's residence fees, without prejudice to the right of the College to claim payment of any other amounts I may owe it, whether as a result of my breach of contract or otherwise.
7. To accept the tariff of residence fees and other charges laid down by the College from time to time
8. To pay residence fees in full prior to taking up accommodation each semester. No student will be admitted unless the full fees are paid in advance
9. To accept as final, the decision of the College Council Chair in all cases of dispute in connection with or arising out of this agreement
10. To familiarise, accept and comply with the Residence Rules and Regulations laid down by the College in respect of the Residence from time to time

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?	<input type="checkbox"/>
Have you ensured that you meet the minimum admission requirements for the qualification you are applying for?	<input type="checkbox"/>
Have you signed the “Legal Undertaking” declaring that the information given is complete and correct?	<input type="checkbox"/>
If you are under 18, have you obtained your parent`s/guardian`s signature?	<input type="checkbox"/>
Have you included your ORIGINAL proof of payment, or certified copy? This is an administration fee and is non-refundable.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Have you provided all the contact details requested in the form?	<input type="checkbox"/>
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).	<input type="checkbox"/>
If you already have a Grade 12 Certificate, have you enclosed a certified copy of it? (Less than three (3) months old).	<input type="checkbox"/>
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?	<input type="checkbox"/>
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).	<input type="checkbox"/>

Western Cape/ Department of Health May 2019