



Reg No: 2021/364896/07

Achieving Excellence Together

National Tel: 021 271 1200

Email: admissions@rsna.co.za Web: www.rsna.co.za



2nd Floor, Trevenna Centre, Vasco, Goodwood, 7460.

South Africa

T: 021-271 1200/01

www.rsna.co.za

admissions@rsna.co.za

Robert Sobukwe Nursing Academy: Application

[illegible]

COURSE YOU ARE APPLYING FOR? Please mark relevant block with 'x'	
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Compulsory Registration fee	R250.00		CPR	R250.00	
Home Base Care	R1500.00		Palliative Care	R2500.00	
Health Care Assistant (HCA)	R3000.00		Alzheimer and Dementia Care	R2000.00	
Patient Care Assistant (PCA)	R6500.00		Child Care Assistant	R3000.00	
Patient Care Practitioner	R12500.00		HIV/AIDS Counseling/Rapid Testing	R1250.00	
Basic First Aid Life Skills	R500.00		Health and Safety Practitioner	R7500.00	

Course Method:	E-Learning		Self-Study		Full Time		Part Time	
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Student details																											
Title:															Gender:	Male			Female								
Student Surname:																											
Student Name:																											
ID / Passport number:																	Date of birth:	Day	Month	Year							
Nationality:																											
Home Language:															Please note that all classes will be conducted in English												
Ethnic Group:	Black			White			Coloured				Indian			Asian			Other										
Study Visa:	YES		NO		International students will receive additional information to facilitate their visa application																						
Student contact numbers:	Cell:																										
	Work:																										
	Home:																										
E-Mail Address:																											
Residential Address:																											
Postal Address:																											
																			Postal / Zip code:								

Next of Kin/Parent/Legal Guardian Details																					
Title:																					
Surname:																					
Name:																					
ID / Passport number:																	Date of birth:	Day	Month	Year	
Parent / Legal Guardian Contact numbers:	Cell:																Date of birth:				
	Work:																				
	Home:																				
E-Mail Address:																					
Residential Address:																					
Postal Address:																					
															Postal / Zip code:						

Accommodation (If Applicable)					
Private / Hostel:	Do you require accommodation?	YES		NO	

A list of accommodations will be sent after Application is received/Visit

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Education							
Current / Grade / Level / Highest Qualification							
Current/ Year Completed School	Name of last School attended						
Where did you hear about Robert Sobukwe Nursing Academy?	Friend/Family	Website	Internet	Facebook	Instagram	Magazine	Newspaper
	Exhibition	School	Radio	Other (please specify)			

Medical			
Disability:	NONE	YES	(Please state)
<p>Kindly note that all students will be required to undergo a medical examination in order to confirm general state of health. Documentation will be sent as soon as application form has been received. All students will be liable for their own personal medical insurance. Students will be required to get a police clearance certificate before being placed for their practical experience</p> <p>International Students: Please ensure that adequate medical insurance has been provided for, prior to arrival in South Africa.</p>			

Finance	
<p>For your information, please take note of the various payment options that are available once you have been accepted to study at the Centre. With registration, a specified amount (depending on the course) must be paid by learners following the full-time or part-time courses. The balance of the fees may be paid according to the various options. Payment can be made in the following ways: Cash to the college cashier; bank deposit or electronic transfer. Always state your student number, ID, initials and surname for reference purposes. Each Centre will provide their bank details.</p>	
BANK DETAILS:	
<p>ROBERT SOBUKWE NURSING ACADEMY Account Number: 62887371476 Branch Code: 250655 Type of Account: FNB Business Cheque Account</p>	

Responsible Person for Payment of Course Fees	
Title:	
Surname:	
Name:	
ID / Passport No:	
Contact numbers:	Cell:
	Work:
	Home:
E-Mail Address:	
Residential Address:	
Postal Address:	
	Postal / Zip code:
Relationship to Student:	
Signature of Financial Sponsor:	

I,, hereby commit to paying the full course fee before I will be permitted to commence my practical training experience.

Signed at:	Place	Date:	Day	Month	Year
Student signature:					



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Student Declaration / MEMORANDUM OF AGREEMENT

NB: It is compulsory for this section to be undersigned by all parties concerned

DECLARATION

Upon approval of my application:

I, _____ (Student Name & Surname – PLEASE PRINT),
hereby declare that:

1. All information provided by me on this form to be true and correct;
2. I will acquaint myself with the Rules and Regulations, including the Disciplinary Rules and Procedures of **Robert Sobukwe Nursing Academy** and will abide by them at all times;
3. I waive any claim against **Robert Sobukwe Nursing Academy** resulting from any act or omission on my part during tuition, sport, tours, seminars, practical's or provided residence;
4. I accept full responsibility for the care and safekeeping of all **Robert Sobukwe Nursing Academy** property (including but not restricted to: books, notes, tools and equipment) issued to me for my training;
5. I will inform **Robert Sobukwe Nursing Academy** immediately (*in writing*), in the event of the following: change of residential or postal address, cancellation of or changes made to my course and/or my subjects;
6. I am aware that the validity of my enrolment will be subject to the compliance of the relevant regulations as stipulated by **Robert Sobukwe Nursing Academy**, notwithstanding provisional acceptance of my enrolment by the Academy;
7. I am aware that fees and legal costs will be recovered from me in the event of failing to fulfil my financial commitments towards **Robert Sobukwe Nursing Academy** timeously;
8. I accept full responsibility of and liability for the payment of all class tuition, practical and equipment fees as well as other fees determined by **Robert Sobukwe Nursing Academy** at the date of enrolment;
9. I am aware that **Robert Sobukwe Nursing Academy** will levy bank and administrative fees as determined by **Robert Sobukwe Nursing Academy** on dishonored cheques or failed debit orders executed by my bank;
10. I will not claim any compensation whatsoever for photos taken (including but not limited to) voices used, student participation at functions and accept that any photos used for publicity purposes will remain the property of **Robert Sobukwe Nursing Academy**.
11. **DEPOSIT/REGISTRATION/APPLICATION FEES:** The deposit/registration/application fee as prescribed for the course must be paid before your registration will be confirmed. All fees, deposits, graduation, registration or application fees are **NON – REFUNDABLE**.

Application Documentation

Please attach the following documentation to Application form:

- Certified Copy of ID document / Passport
- Certified Copy of Last School Report / Certificate
- Proof of Residential Address (*Bank Statement or Municipal account - no older than 3 months*) (If Applicable)
- Short CV
- Adult learners – proof of Employment History (If Applicable)

Send Application & Documentation to:

Courier Address:	2 nd Floor, Trevenna Centre, 245 Voortrekker Road, Vasco, Goodwood, 7460
Postal Address:	2 nd Floor, Trevenna Centre, 245 Voortrekker Road, Vasco, Goodwood, 7460
E-Mail:	admissions@rsna.co.za



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INDEMNITY FORM
Robert Sobukwe Nursing Academy Practical Training & Excursions (including off-site work experience)

I, the undersigned, hereby further declare that I shall not institute any claims of any nature whatsoever against **Robert Sobukwe Nursing Academy** or any employee of **Robert Sobukwe Nursing Academy**, who is acting within his or her employment capacity, nor shall I in any way whatsoever hold **Robert Sobukwe Nursing Academy** responsible for any loss or damage I may suffer in person or in respect of any property of mine or which may directly or indirectly arise from my commitment, as a registered student, towards **Robert Sobukwe Nursing Academy**, with regard to the journey to and from all practical training, excursions and off-site work experience and with regard to any activities pertaining to said-excursions, off-site work experience or in a practical training venue of **Robert Sobukwe Nursing Academy**, regardless of the way in which such loss or damage may occur and regardless of whosoever or whatsoever may be responsible therefore. I also undertake full participation in all prescribed compulsory activities (upon my own responsibility) voluntarily accepting any risk pertaining to such activities.

I hereby confirm that I have duly acquainted myself with the content of all information and rules regarding practical training and orientation (induction), and that I am, as a registered student of **Robert Sobukwe Nursing Academy**, bound to adhere to the General Rules and Regulations of **Robert Sobukwe Nursing Academy**.

I further declare that, in case I am injured to such an extent thereby rendering me unable to personally grant consent for medical treatment or any other essential medical intervention, the supervisory staff may undersign the necessary documents of consent on my behalf. I also accept full responsibility to acquire my own medical aid and the costs incurred for any medical treatment.

To the best of my knowledge, I do not suffer from any physical disability or illness which may inhibit my attendance of any practical training or off-site work experience in any way. I do, however, wish to bring the following to your attention:

Medical condition:	N/A
State condition:	

(Select applicable paragraph: delete not- applicable)

- | | |
|----|---|
| a) | I am capable of concluding an agreement and am legally competent to sign this application and therefore enter into an agreement with Robert Sobukwe Nursing Academy independently. |
| b) | I undersign this application and enter into an agreement with Robert Sobukwe Nursing Academy with the permission of my parents/
legal guardian/ spouse/sponsor. |

I, hereby declare that all the information provided is complete and accurate to the best of my knowledge:

Signed at:	Place	Date:	Day	Month	Year

Student signature:

(Only for Applicants under the age of 21) I, _____ (Name & Surname)
the undersigned, in my capacity as **Parent** ☐ / **Legal Guardian** ☐ am jointly and severally responsible for all monies, which the above applicant may at any stage owe **Robert Sobukwe Nursing Academy** in terms of the agreement that he/she has concluded with **Robert Sobukwe Nursing Academy**.

 Signature of Parent /
Legal Guardian:

 Admission Clerk/Administrator
Robert Sobukwe Nursing Academy

Signed at:	Place	Date:	Day	Month	Year

 Admissions Clerk/Administrator
Signature:

OFFICE USE

PAYMENTS:	REC No:	AMOUNT:	PAYMENTS:	REC No:	AMOUNT:
Assessment Fee:			Course Fee:		
Course Fee:			Course Fee:		
Course Fee:			Course Fee:		