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**GOODWOOD CAMPUS**

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Reg No: 2021/364896/07

## STUDENT APPLICATION FORM SAIOSH COURSES 2026

PLEASE PRINT. USE A PEN WITH BLACK INK. PLEASE MARK RELEVANT BLOCKS WITH 'X'. BOLD FIELDS ARE COMPULSORY.

Course Date: 

## COURSE YOU ARE APPLYING FOR? (Please mark relevant block with 'x')

Graduation Fee	R 400.00	Registration Fee	R 500.00
Home Base Care (HBC)	R1 750.00	Alzheimer and Dementia Care (ADC)	R2 000.00
Health Care Assistant (HCA)	R3 250.00	Palliative Care (PC)	R2 500.00
Child Care Assistant (CCA)	R3 000.00	HIV/AIDS Counseling/Rapid Testing/HAST Course	R1 250.00
Patient Care Practitioner (PCP)	R12 500.00	Health Administration	R2 000.00
Basic First Aid Life Skills (BFALS)	R 750.00	Wound Care Management Course	R2 000.00
Diabetic Care Course (DCC)	R1 500.00	Basic Firefighting (BFF) / Evacuation Marshal (EM)	R1 000.00
Occupational Health and Safety (OHS)	R1 000.00	Disability Care Worker (DCW)	R2 000.00

## SECTION A: BIOGRAPHICAL DETAILS

TITLE	INITIALS	SURNAME										
FIRST NAMES												
BIRTH DATE	d	d	m	m	y	y	y	MARITAL STATUS	GENDER	MALE	FEMALE	
PASSPORT NUMBER										ID NUMBER		

HOME LANGUAGE	CITIZENSHIP	ETHNIC GROUP
DISABILITY (if applicable)	Behavioral Disorder	Deaf / Blind Disabled
Attention Deficit Disorder	Blind	Deaf
Autistic Spectrum Disorder	Cerebral Palsied	Epilepsy
		Hard of Hearing
		Partially Disabled
		Severe Intellectually Disabled
		Mild / Moderate Intellectually Disabled
		Psychiatric Disorder
		Specific Learning Disabled
		Multiple Disabled
		Profound Intellectually Disabled
		Dyslexia

DO YOU HAVE A CRIMINAL RECORD?	Y	N	ACTIVITY LAST YEAR						
HIGHEST SCHOOL GRADE PASSED			DATE OF ISSUE OF MATRIC CERTIFICATE	Y	Y	Y	Y	M	M
LAST SCHOOL ATTENDED									

## SECTION B: PERSONAL CONTACT INFORMATION OF STUDENT - PRIMARY CONTACT

PHYSICAL HOME ADDRESS	STUDY ADDRESS (whilst studying)	COMMUNICATION DETAIL							
		CELLPHONE							
		HOME TEL							
		STUDY TEL							
POSTAL CODE		POSTAL CODE							

## SECTION C: CONTACT INFORMATION OF PARENT/GUARDIAN/NEXT OF KIN - NEXT OF KIN

NAME AND SURNAME OF NEXT OF KIN CONTACT	PRIMARY POSTAL ADDRESS	COMMUNICATION DETAIL							
PHYSICAL HOME ADDRESS		CELLPHONE							
		WORK TEL							
		EMAIL							
POSTAL CODE		POSTAL CODE							

## SECTION D: CONTACT INFORMATION OF THE PERSON RESPONSIBLE FOR PAYING ACCOUNT - ACCOUNT CONTACT

NAME AND SURNAME OF ACCOUNT CONTACT	PRIMARY POSTAL ADDRESS	COMMUNICATION DETAIL							
PHYSICAL HOME ADDRESS		CELLPHONE							
		WORK TEL							
		EMAIL							
POSTAL CODE		POSTAL CODE							

**BANK DETAILS:** Robert Sobukwe Nursing Academy, Account Number: 62887371476,  
Branch Code: 250655, Type of Account: FNB Business Cheque Account



**SECTION E: DECLARATION AND UNDERTAKING (COMPULSORY)**

Please read the following carefully before completing and signing the form. The term "Academy" refers to "Robert Sobukwe Nursing Academy".

**1. ENTRANCE REQUIREMENTS**

- a) All Candidates who comply with the minimum entry requirements will still be subjected to an Interest and Placement Testing.
- b) The number of students to be admitted for a particular qualification is subject to the student enrolment targets per programme (with reference to the approved Programme Qualification Mix (PQM)).
- c) Candidates may not have a criminal record unless they are part of a special project in collaboration with the Correctional Service Centres.

**2. DOCUMENTS REQUIRED FOR STUDENT ADMISSION AND ENROLMENT**

*The students' documentation will become the property of the Academy. A new applicant must present the following documents:*

- a) A certified copy of their Identity Document or Smart Card ID (both sides) (not older than three months at date of application).
- b) Foreign applicants are to submit a valid passport and study permit or refugee certificate. The study permit should specify the specific learning site and the duration of study.
- c) A certified copy of students' latest school results, highest grade passed (not older than three months at date of application).
- d) A certified copy of students' proof of residential address or affidavit if the account is not in the students' name.
- e) Student transfers from another tertiary institution are obliged to present authentic academic records upon application. These should include a certified copy of the student's highest grade passed.

**3. DEPOSIT/REGISTRATION/APPLICATION FEES**

The deposit/registration/application fee as prescribed for the course must be paid before your registration is confirmed. All fees, deposits, graduation, registration or application fees are **NON – REFUNDABLE**.

**4. GENERAL**

This application form must be completed by all students applying to the College for the **first** time. It is in your own interest to ensure that this form is completed in full and that certified copies of all supporting documents are enclosed. If any questions are left unanswered or certified documents are not enclosed, or the contract is not signed, it will cause a delay as the form will be returned to you for completion. Write only in **black ink and capital letters**.

- a) It is the students' responsibility to seek approval from South African Qualification Authority (SAQA) if a foreign qualification is presented.
- b) SAQA can be contacted at the call centre on 012 431-5070; fax 012 431-5146. (Online applications are recommended).
- c) Exam Admission is subject to the Guidelines of the Department of Higher Education, National Examinations.
- d) Students who wish to officially withdraw from their qualification of study **after the date on which the enrolment totals were submitted to DHET or after the examination entries have been submitted**, will be held liable for the payment of all fees in full. No cancellation or reduction of fees will be considered, except in the event of serious illness (student to present a detailed medical certificate), death or transfer to another college where pro rata fees for the duration of classes attended, will apply.
- e) The Academy's aim is also to protect the personal information of all students and staff of its institutions who may be affected by the collection and publication of its information and statistics. This policy is underpinned by the conditions on security measures on integrity and confidentiality of personal information as stated under sections 19 to 20 and 54 of the Protection of Personal Information Act (**POPIA**), 2013.

**5. CONTRACT BETWEEN THE STUDENT AND ROBERT SOBUKWE NURSING ACADEMY**

I, the undersigned student, hereby declare that the above particulars furnished by me on this application form, are true and correct; that.

- a) I undertake to inform the Campus Administrative Office immediately if I wish to cancel my studies or change my address or any other personal details.
- b) I fully understand that the Academy is entitled to cancel my registration immediately, should it become apparent that any of the particulars furnished above in this application form are false or incorrect.
- c) I have acquainted myself, and in the future will keep myself acquainted with the Academy rules, Student Code of Conduct and Language Policy framework.
- d) I understand and agree that the **Academy's medium of tuition is English**, and I accept that lecturers will make use of this language during lectures. Furthermore, I undertake not to make any claims against the Academy regarding the medium of tuition.
- e) I undertake to abide by all the rules and regulations referred to in (c) above, including any amendments thereof and any substitutions thereto.
- f) I undertake not to hold the Academy or their staff liable for any personal damage or losses suffered due to my participation in academy related activities.
- g) I authorise the Academy in the event of urgent medical treatment required, to get appropriate medical assistance. I accept responsibility for the payment of the medical costs incurred. The Academy will not be held responsible for any outstanding medical expenses incurred.
- h) I undertake to obtain medical advice or treatment when I have reason to suspect that I have a contagious or infectious disease that may result in a risk for other students and staff through my participation in the Academy's activities.
- i) I will take full responsibility to **follow up on whether my bursary application was successful**. In the event of being unsuccessful, I/my Parent/Guardian is responsible for the outstanding debt owed to the Academy. I further acknowledge that my bursary application is **subject to approval by NSFAS and the availability of funds**.
- j) I am liable for legal costs incurred if my account is handed over to debt collectors due to non-payment.

FULLNAME

SIGNATURE

DATE

STUDENT

STUDENT

DATE

**SECTION F: DECLARATION BY PARENT / LEGAL GUARDIAN****6. I hereby declare that:**

- a) I have acquainted myself with the contents of, and consent to, the declaration by the applicant in **Section E** above and that the particulars furnished by him/her on this application form are true and correct.
- b) I consent to my minor child's or applicant's undertaking throughout all his/her years of study to abide by the Academy code of conduct, rules, and regulations.
- c) I undertake not to hold the Academy or their staff liable for any personal damage or losses suffered due to my child's or the applicant's participation in academy related activities.

FULLNAME

SIGNATURE

DATE

PARENT / GUARDIAN

PARENT / GUARDIAN

DATE

(In case of the student being a minor the Parent/Guardian guarantees the debt)

*Please note that Robert Sobukwe Nursing Academy will not consider incomplete applications. If any question is left unanswered or certified documents are not enclosed, proof of residential address not included, or the agreement is not signed, it will cause a delay as the application will not be processed.*

FULLNAME

SIGNATURE

DATE

ACADEMY OFFICIAL

ACADEMY OFFICIAL

DATE

*This contract must be signed by all parties concerned*

Payments:	Rec No:	Amount:	OFFICE USE	Payments:	Rec No:	Amount:
Registration Fee:				Course Fee		
Course Fee				Course Fee		

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