

(PTY) LTD

IQINISO TRUTH TRAINING INSTITUTE

REG No. 2012/ 074695/ 07 ACC No.HW592PAA0000287

BRIDGING THE SKILLS GAP TO PRODUCE QUALITY NURSING PROFESSIONALS FOR SOCIO-ECONOMIC UPLIFTMENT

APPLICATION FORM

The following information is important for you please retain the first page so as to comply with requirement.:

1. Complete the form neatly and accurately

2. Read instructions carefully

3 The application form should be accompanied with a non refundable application fee of R850

4. Accompanying documents should be attached to your completed application form

5. An interview process will be conducted

6. An acceptance letter will be ussued for the relevant course selected.

7.The prospective student can then proceed with registration process for the course selected.

8. The registration fee will be payable to ensure your accomodation to the studies, tuition deposit and learning packages.

9. 100% refund will be payable within 7 days of cancellation of the course in writing, a 50% refund if cancellation is within 14 days. After which there will be no refund for registration fee paid.

10. Learners will be expected to conduct themselves according to the Code of Conduct of the school. Failure which a disciplinary process will be followed.

SECTION A: QUALIFICATION DETAILS

APPLICATION FOR YEAR OF STUDY

Name of Qualification being applied for

Qualification code

For Postgraduate Applicants: How would you like to study for the qualification? Full-time | Part-time | Online

SECTION B: PERSONAL DETAILS

1. Full Name
2. Surname
3. Physical Address
4. Contact Details
   - Work
   - Tel
   - Cell
5. Email address
6. ID or Passport
7. Date of birth (D D M M Y Y Y Y)
8. Gender — Male ☐ Female ☐
9. Nationality
10. International Citizenship, indicate your country of origin (if applicable)
11. Religion
12. Home language
13. Population group (compulsory) (Information required for government reporting purposes)

African		Coloured		Indian		White		Asian	

SECTION C: HIGHEST GRADE/ QUALIFICATION

1. **Last school attended:**

Name of school	
Address	

City/ Town	
Province	
Code	

2. **Highest grade passed/ NCV Level**

National Certificate Vocational (NCV) Level							

Grade	
Tertiary	
Other	
Year Obtained	
Name of School /College where qualification obtained	
Province	

SECTION D: EMPLOYMENT STATUS

1. **Are you employed ?**
   Please indicate with a tick [✓] in either of the boxes below:

Yes		No	

2. if YES, Name of employer
3. Contact Details

   Work

   Tel

   Cell

SECTION E: PERSON RESPONSIBLE FOR FEES

1. Name
2. Address
3. Contact Details

   Work

   Tel

   Cell

   Email
4. Employer Address

Declaration by Applicant:

I_____ give concern for my personal information to be used for government and statistics purposes. I acknowledge that it is my responsibility to adhere to the college rules and regulations. I further undertake to settle all my tuition fees as stipulated.

Applicant:
Name and Surname _____ Date: _____

Signature: _____ Witness: _____

Office Use:	

HWSETA
Registration No. _____

Student No. _____

CEO SIGNATURE _____

Application Fee:
Please indicate with a tick [✓] in either of the boxes below:

Accepted		Not Accepted	

PROOF OF PAYMENT

Yes		No	

BANKING DETAILS NOTICE

Consultancy and Care.

For security and verification purposes, banking details are not provided on this application form. Please contact the office directly to obtain the correct and official banking details before making any payments.

Kindly ensure that the banking details are confirmed with the office prior to completing any transaction. The office will provide you with the necessary payment information and assist with any queries regarding payments or account details.

Contact Details: 067 859 2129