



ARWYP TRAINING INSTITUTE

Application Form Number: _____

Approved by the South African Nursing Council Ref S1546

APPLICATION FORM

Please note: This form must be completed in black ink by the applicant in his/her own handwriting. Attach two ID photographs, CV, two certified copies each of your highest school certificate and identification document. If you are a qualified nurse also attach certified copies of your current SANC registration and last SANC examination result statement.

1 COURSE DETAILS:

Who referred you to / where did you hear about the Arwyp Training Institute?

Printed media, e.g. Newspaper	<input type="checkbox"/>	Family or friends	<input type="checkbox"/>
Career exhibition (specify) _____	<input type="checkbox"/>	You are/were an ATI learner	<input type="checkbox"/>
SA Nursing Council	<input type="checkbox"/>	Someone who was or is an ATI learner	<input type="checkbox"/>
Health and Welfare SETA	<input type="checkbox"/>	Other _____	

Course you are applying for: _____

Month in which you wish to commence: _____

2 PERSONAL PARTICULARS:

Surname: _____ Name/s: _____

Telephone no: Home

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 Cell

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 Work

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Date of birth

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ID number:

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City/town of permanent residence: _____
 Province of permanent residence: _____
 Postal address: _____
 Physical (street) address: _____
 Email address: _____

Mark with **X** in the appropriate block:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Married	<input type="checkbox"/>
Single	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Widow/er	<input type="checkbox"/>

3 NEXT OF KIN:

Initials and Surname: _____ Relationship: _____

Telephone no: Home:

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 Cell:

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 Work:

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Permanent postal address: _____
 Physical (street) address: _____

PLEASE NOTE: A non-refundable application handling fee of R700.00 must be paid directly into the Institute's bank account. The abbreviation ATI and the candidate's full names and surname must be clearly indicated on the deposit slip. A copy of the bank deposit slip as proof of payment must be attached to the application form. No applications will be processed without the required fee.

4 BANKING DETAILS:

Arwyp Training Institute (Pty) Ltd
 First National Bank Festival Mall
 Branch code: 231-433
 Account number: 622 491 100 74
 Reference to enter on deposit slip: ATI and the candidate's full names and surname

5 EDUCATION, ACADEMIC RECORD, QUALIFICATIONS:

(A) School education:

School / institution:

Highest standard (grade) obtained: Year obtained:

SCHOOL SUBJECTS	GRADE ACHIEVED	SYMBOL MARKS	SCHOOL SUBJECTS	GRADE/ACHIEVE	SYMBOL MARKS

(B) Tertiary education:

Diploma/Certificate	Institution/School	Date completed

6 DETAILS OF PRESENT EMPLOYMENT:

Name of employer:

Postal address:

Contact telephone number:

Position held:

Period of service:

Department:

I DECLARE ALL THE ABOVE MENTIONED INFORMATION IS TRUE AND CORRECT.

Signature :

Date:
D D M M Y Y Y Y

DECLARATION BY STUDENT

ANSWER THESE QUESTIONS BELOW BY MARKING WITH AN "X" IN THE APPROPRIATE BLOCK. IF THE REPLY IS "YES", FULL PARTICULARS MUST BE SUBMITTED TOGETHER WITH THE APPLICATION.

I, _____,
Identity Number, _____, hereby certify that the information provided is accurate and correct.

NOTE: Any false declaration or misrepresentation of the facts or information is a criminal offence and may lead to legal action or professional conduct action taken against you. If you are in doubt on how to answer any of these questions, please contact Arwyp Training Institute for assistance.

1. Are you now, or have you previously been registered or enrolled with the South African Nursing Council as a Nurse/ Midwife/ Nursing Auxiliary?	YES	NO
2. Are you now, or have you been previously been registered or enrolled with the South African Nursing Council as a Student Nurse/ Midwife or as a Pupil Nurse/ Nursing Auxiliary?	YES	NO
3. Have you been terminated from training? If "YES" attach notice of termination from relevant training institution.	YES	NO
4. Have you ever been found guilty of an offence in any country?	YES	NO
5. Is a charge of any offence pending against you in any country?	YES	NO

Date

Signature of Student

Witness Signature