

FACULTY OF HEALTH SCIENCES SCHOOL OF NURSING

1. APPLICATION FOR ADMISSION TO THE UNIVERSITY (Form DV1A)

- 1. Complete the form and attach all the necessary documents as requested on the form. Remember to have all copies certified.
- 2. The application forms are available on our website (http://www.ufs.ac.za/HealthSelection).

2. APPLICATION FOR SELECTION: FACULTY OF HEALTH SCIENCES

- 1. Complete the School of Nursing's application form.
- 2. The application forms are available on our website (http://www.ufs.ac.za/HealthSelection).
- 3. Ensure that the medical certificate is completed by a medical practitioner.
- 4. Attach certified copies of the necessary documents.

3. SEND APPLICATION FORMS TO THE SCHOOL OF NURSING, UNIVERSITY OF THE FREE STATE

1. Place the completed application forms, proof of payment and additional documents as requested on the forms of Step 1 and Step 2 in ONE envelope and send it to the School of Nursing at the following address:

BSocSci (Nursing)
Programme Director
Room 9
Idalia Loots Building (99)
University of the Free State
PO Box 339
Bloemfontein
9300

2. PLEASE NOTE: ALL FORMS AS REQUESTED IN STEPS 1 TO 2 MUST BE SENT TOGETHER IN ONE ENVELOPE AND NOT SEPARATELY – OTHERWISE THE APPLICATION IS CONSIDERED INCOMPLETE AND THE APPLICATION WILL NOT BE ACCEPTED.

PLEASE NOTE: STEPS 1 TO 3 MUST BE COMPLETED BEFORE 28 JULY 2017

4. NATIONAL BENCHMARK TESTS (NBTs)

- 1. Register online at www.nbt.ac.za for both components of the tests, in other words the AQL (Academic Literacy and Quantitative Literacy) and MAT (Mathematics) component.
- 2. The language proficiency section of the test must be written in the language of instruction.
- Pay the necessary registration fee for the tests as indicated on the NBT website.
- 4. Please note that the above mentioned payment should be made to the NBT consortium and not to the UFS.
- 5. After registering for the NBTs online you will be able to print a Test Registration Statement on which a 14 digit reference number will appear. You must take the form to any of the indicated Easypay pay points where the barcode will be scanned, or use the reference number to enable you to pay the required amount.
- 6. Registration of NBT is one month prior to writing. Check the NBT website for details.
- 7. The language proficiency section of the tests must be written in your choice of language indicated as language of tuition.
- 8. The NBTs are valid for three years.
- 9. The AQL and Mathematics tests must be written together on the same date and may not be written separately.
- 5. SEND YOUR JUNE RESULTS TO THE SCHOOL OF NURSING, UNIVERSITY OF THE FREE STATE (Only applicable to Grade 12 learners and active University students)
 - Fax or email a certified copy of your June results to 051 401 3399 / klopper1@ufs.ac.za (School of Nursing, University of the Free State) to reach the School of Nursing no later than 28 July 2017.

STEPS 4-5 MUST BE COMPLETED BEFORE 28 JULY 2017

OTHER IMPORTANT INFORMATION:

- 1. Should your choices as indicated on the application form and selection form change, you must notify us **in writing** per fax to 051 401 3399 or email to klopper1@ufs.ac.za.
- 2. Should you already have an UFS student number, you should use it in all correspondence with the UFS. If not, you should supply your initials and surname, as well as ID number, in all correspondence, as well as a contact number where we may reach you.

NO LATE APPLICATIONS WILL BE ACCEPTED!

SCHOOL OF NURSING: SELECTION CHECKLIST FOR 2018 (THE CLOSING DATE FOR ALL APPLICATIONS IS 28 JULY 2017)

Thank you for choosing to apply to our University for possible selection to the School of Nursing. We wish to assist you to complete your application in full. Therefore ensure that you read this letter thoroughly to meet all the requirements. (Keep a copy of this letter for your own verification).

WHAT DO YOU NEED TO FORWARD TO US? PLEASE TICK IF THE TASK IS COMPLETED

| 1. APPLICATION FORM | |
|--|--|
| The application form for admission to the University of the Free State. | |
| Two passport photographs in colour. | |
| Is the application form signed by the student and the parent (if the student is a minor)? | |
| A certified copy of your identity document/passport. | |
| Students currently studying at our University need only to fill out a DV2/DV3 form and a selection form. | |
| Students studying at other tertiary institutions should attach a full academic record and Certificate of | |
| Conduct from the specific institution. | |
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| O OF FOTION FORM | |
| 2. SELECTION FORM | |
| A fully completed selection form. | |
| Grade 12 learners: Certified copy of your final Grade 11 results. | |
| Grade 12 learners: Certified copy of your June Grade 12 results | |
| Tertiary students: If you have already studied at a tertiary institution, a certified copy of your national senior certificate | |
| (UMALUSI) together with a complete certified academic record from the tertiary institution must be enclosed with the | |
| selection form. | |
| Make sure of the following: | |
| Is your health questionnaire completed and enclosed? | |
| Is the medical report completed and enclosed? | |
| Is the selection form signed by the student and the parent (if the student is a minor)? | |
| Grade 12 learners: Are your Grade 11 final results enclosed? | |
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3. GENERAL

- 1. Please notify us in writing if any of your contact details should change.
- 2. Only foreign students with a SAQA level 4 qualification will be considered for selection.
- 3. The minimum requirements are an admission point of 30 (PT=30), English 50%, mathematics 40% or mathematics literacy 70% and life sciences 60% or physical sciences 50%. Applicants who fail to meet these minimum requirements will not be considered for selection. Late applications will not be considered for selection. Therefore ensure that your application is received on time. Closing date for applications is 28 JULY 2017.
- 4. Make a copy of the application and selection forms and keep it in a safe place.
- 5. Incomplete application forms or failure to submit June results before 28 JULY 2017 will exclude you from selection.
- 6. The application for admission to the University of the Free State and the selection form must be returned simultaneously to The Programme Director: Undergraduate, Room 9, Idalia Loots Building, University of the Free State, PO Box 339, Bloemfontein, 9300. If these forms are not received together, follow-up procedures to establish whether the application is complete, are hampered.



NBTs FOR STUDENTS IN THE FACULTY OF HEALTH SCIENCES

ALL prospective students (thus all Grade 12 learners and tertiary students) applying for a programme in the Faculty of Health Sciences, UFS, must sit for the NBTs in 2017.

ALL ENQUIRIES TO 021 650 3523/650 5053 OR FAX 021 650 5466.

An NBT admission number, date of test as well as where the tests were taken must be faxed to 086 617 0447 or 051 401 3226.

Please ensure that you indicate on the tests that the NBT results should be sent to the *University of the Free State*.

For more information regarding the NBTs please visit www.nbt.ac.za.

The tests will be conducted nationwide. Venues for this examination are spread across the country. A prospective student may therefore sit for this examination at any of these venues. These tests involve a minimal cost as indicated on the NBT website. The prospective student is responsible for payment of these costs. You must make your own arrangements to take the tests. **Please phone**021 650 3523/650 5053 for all enquiries and visit www.nbt.ac.za to register.

Taking these tests does not guarantee automatic admission to the Faculty of Health Sciences. It is also by no means an undertaking to admission.

FACULTY OF HEALTH SCIENCES SCHOOL OF NURSING



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| APPLICATION | ON FO | RM | FOR | SEL | LEC1 | TION | PUF | RPO | SES | : Clo | osing | g dat | e: 28 | JUL | LY 20 |)17 | | | | | |
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| STUDENT N | UMBEF | ₹: | | | | | | | | | | | | (for | office | e use | :) | | | | |
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| CONTACT | NUMB | ER: | 051 | 1 401 | 1296 | 5/23 | 61 | | | | | | | | | FAX | 051 | 401 | 339 | 9 | |
| The informat | | | | ded i | is red | quire | ed fo | r sel | ectio | on pu | ırpos | ses. | APP | LICA | OIT | N FO | R A | OMIS | SION | ΙΤΟ | THE |
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| Surname: | | | | | | | | | | | | | | | | | | | | | |
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| SCHOOL TELEPHON | IE NUMBER: | | | | | | | <u></u> | | | | | | |
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| Student number: | | | | | | | (for o | ffice us | e) | | | | | |
| Full Name and Surname: | | | | | | | | | | | | | | |
| Programme: B | S O | С | S C | (| N | U R | S | I N | I G |) | | | | |
| MEDICAL REPORT | | | | | | | | | | | | | | |
| (Must be completed | d by a mo | edical | practit | ioner – | IN PRII | NT) | | | | | | | | |
| Did your examination from any physical or in the chosen profes | mental d | efect, d | disease | or disa | bility wl | nich wo | uld p | revent | | | | | | _ |
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| SIGNATURE | | | - | | | | | DA | TE | | | | | |
| PRINT NAME: | | | | | | | | | | | | | | |
| PROFESSIONALQUA | LIFICATI | ON: | | | | | | | | | | | | |
| PRACTICE NUMBER | | | | | | | | | | | | | | |
| PRACTICE ADDRESS: | | | | | | | | | | | | | | |
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| Telephone numbers | | | | | | | | (Wo | rk) | | | | | |
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HEALTH QUESTIONNAIRE



THIS FORM MUST BE COMPLETED BY CANDIDATES FOR SELECTION IN THE FACULTY OF HEALTH SCIENCES.

| STUDENT NUM (OFFICE USE) | | | | | | | | | | | |
|-----------------------------|-----------|----------|-------|--|----------|---|--|--|--|--|--|
| Surname: | | | | | | | | | | | |
| First names: | | | | | | | | | | | |
| Age: | | | | | | | | | | | |
| Height | | | | | | | | | | | |
| Body mass | | | | | | | | | | | |
| Please indicat | e your ar | nswers v | vith: | | √ | × | | | | | |

Please note: If your answer to any of the following questions is **yes**, give details of the nature, severity, date and duration of the illness, nature and severity of the disability and nature and date of the operation(s) as applicable.

ILLNESSES

Are you suffering or have you ever suffered from the following:

| | ✓ | × | Details |
|---|----------|---|---------|
| Any disorder of the heart or circulatory system? | | | |
| Any disorder of the chest or respiratory system? | | | |
| Any disorder of the digestive system? | | | |
| Any nervous disorder or mental abnormality? | | | |
| Any disorder of the skeletal system and/or joints, e.g. abnormalities of the spinal column? | | | |
| Any disorder of the eyes, ears, nose or teeth? | | | |
| Any skin disease? | | | |
| Any other illness or chronic diseases? | | | |

| DISABILITIES | | | |
|--|------------|----------------------------|---|
| Do you suffer from any defect of hearing, | | | |
| speech or sight? | | | |
| Are you physically disabled? | , | | |
| Otata the mating of your dischiller | | | |
| State the nature of your disability | | | |
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| OPERATIONS | | | |
| Have you undergone any operation(s)? | | | |
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| IMMUNITY | | | |
| All students must remember that if they are imr | | | |
| up the selected places, that they will be exposed | | | |
| their illness. In these cases, it will be the stude | | | |
| prevent illness due to their exposure. All studen for the programme. | is will be | expected to rullil all the | rotation requirements |
| for the programme. | | | |
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| I declare that the above information is true and | correct | and that I have not with | held any information |
| regarding my health, and understand that any fa | | | |
| for selection. | | | , |
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| THE FACULTY RESERVES THE RIGHT TO | | | |
| MEDICAL PRACTITIONER AT A SECOND SEL | LECTION | I PROCESS BEFORE F | INAL SELECTION. |
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