



APPLICATION FOR SELECTION ADVANCED UNIVERSITY DIPLOMA: 2017 SCHOOL OF NURSING

Dear Student

Congratulations on your choice to further your studies at the University of the Free State, Faculty of Health Sciences, School of Nursing.

SECTION 1: SPECIALISATION FOR SELECTION

Please note that selection criteria apply for Advanced University Diplomas in this School. Admission does not imply selection. Please indicate with a the specialization area that you would like to be selected and register for in 2017:

- | | | | |
|------------------------------------|--------------------------|------------------------------|--------------------------|
| Advanced Midwifery and Neonatology | <input type="checkbox"/> | Nursing Education | <input type="checkbox"/> |
| Child Psychiatric Nursing | <input type="checkbox"/> | Occupational Health Nursing | <input type="checkbox"/> |
| Community Health Nursing | <input type="checkbox"/> | Operating Theatre Nursing | <input type="checkbox"/> |
| Critical care Nursing | <input type="checkbox"/> | Pediatric Nursing | <input type="checkbox"/> |
| Forensic Nursing | <input type="checkbox"/> | Primary Clinical Health Care | <input type="checkbox"/> |
| Health Care Management | <input type="checkbox"/> | Psychiatric Nursing | <input type="checkbox"/> |
| HIV and AIDS Health Care | <input type="checkbox"/> | | |



SECTION 2: PERSONAL PARTICULARS

2.1	Surname	
2.2	Names	
2.3	I.D Number	
2.4	Postal address (During the period of study)	
2.5	Employer Name	
2.6	Contact numbers:	
2.6.1	Home	
2.6.2	Work	
2.6.3	Cell	
2.7	SANC registration number	
2.8	Student number (if currently registered)	

Please take note of the General Rules of the UFS as well as the Faculty of Health Sciences Postgraduate Degrees and Diplomas Rule Book on the UFS website (www.ufs.ac.za). Prospective students are personally responsible for being well informed as regards applicable rules.

Signature

Date

Return your **Application for selection** as well as the **UFS Application for admission forms** to the School of Nursing (Post-Basic Programme), University of the Free State, P O Box 339, Bloemfontein, 9300 before **30 September 2016**.



SECTION 3: DOCUMENTATION REQUIRED

The following should accompany the completed forms.

Please indicate with a in the applicable block that documents are included.

- | | | |
|-----|---|--------------------------|
| 3.1 | Certified copy of ID document/passport | <input type="checkbox"/> |
| 3.2 | Certified photocopy of your generic degree or diploma in nursing. | <input type="checkbox"/> |
| 3.3 | International students: SAQA proof of the NQF level equivalence of their qualifications as registered with SAQA | <input type="checkbox"/> |
| 3.4 | Proof of paid up registration with South African Nursing Council | <input type="checkbox"/> |
| 3.5 | International students: Proof of interim registration with South African Nursing Council | <input type="checkbox"/> |
| 3.6 | Proof of indemnity insurance | <input type="checkbox"/> |
| 3.7 | Proof of approval/nomination by employer to study | <input type="checkbox"/> |
| 3.8 | Proof of hours worked in specialization area applied for (if applicable) | <input type="checkbox"/> |

NOTE: YOU WILL NOT BE CONSIDERED FOR SELECTION IF DOCUMENTS ARE INCOMPLETE

All international students must apply for interim registration from the South African Nursing Council. No international student will be selected for a clinical specialty without proof of interim registration.

SECTION 4: SELECTION CRITERIA

The following selection criteria must be met and the necessary documents submitted before an application will be considered:

NOTE: YOU WILL NOT BE CONSIDERED FOR SELECTION IF DOCUMENTS ARE INCOMPLETE

Specialisation	Selection criteria	Documentation required
4.1 Advanced Midwifery and Neonatology	Midwifery registration (SANC). Approved by the School of Nursing orientation programme. Admission test results.	Certified proof of your professional qualification. Letter from your direct supervisor indicating that you are currently working in a midwifery setting



Specialisation	Selection criteria	Documentation required
4.2 Critical Care Nursing	<p>Certified proof of 700 hours per annum of practical experience within the past two (2) years in critical care.</p> <p>Admission test for which an average of 50% is required.</p>	<p>Letter from the direct supervisor indicating that you are currently working in a critical care setting and has worked for 700 hours per annum in a critical care setting the past two (2) years.</p>
4.3 Nursing Education	<p>Obtained a sub minimum of 60% for a previous higher education nursing qualification.</p> <p>Students already in nursing education posts will receive priority.</p>	<p>Certified proof of your professional qualification in a higher education nursing qualification.</p> <p>Letter from you principal/head of the college/department/school stating that you currently working as a nurse educator (if applicable)</p>
4.4 Operating Theatre Nursing	<p>Certified proof of 900 hours per annum of practical experience within the past two (2) years in theatre.</p> <p>Skill test or proof of certain key competencies.</p>	<p>Letter from the direct supervisor indicating that you are currently working in a theatre setting and has worked for 900 hours per annum in the theatre setting the past two (2) years.</p> <p>Provide proof of key competencies achieved if skills test is not performed.</p>
4.5 Primary Clinical Health Care	<p>Midwifery registration (SANC)</p> <p>Admission test for which an average of 50% is required.</p> <p>Practical experience in Primary Health Care.</p>	<p>Letter from the direct supervisor indicating that you are currently working in a Primary Health Care setting.</p>
4.6 Health Care Management	<p>Prospective students must provide certified proof of 700 hours per annum of practical experience within the past two (2) years in Health Care Management.</p>	<p>Letter from the direct supervisor indicating that you are currently working in a management setting and has worked for 700 hours per annum in a management setting the past two (2) years.</p>
4.7 Child Psychiatric Nursing	<p>Psychiatric Nursing Science registration (SANC)</p>	<p>Certified proof of your professional qualification</p>

If you need more information please contact the Administrative Officer at the Post-Basic Office at the following numbers:

Tel: (051) 401 2407/2967

Fax: (051) 401 9463 of (051) 401 3399