



## 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:

**Programme Director: Undergraduate  
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 29 JULY 2016**

#### 4. NATIONAL BENCHMARK TESTS (NBTs)

1. Register online at [www.nbt.ac.za](http://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 English.**
3. 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 NBTs are valid for three years.
8. The AQL and Mathematics tests must be written together on the same date and may not be written separately.
9. Attach a copy of your NBT results to the School's selection form (form of Step 2).

#### 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)

1. Fax a certified copy of your June results to 051 401 3399 (School of Nursing, University of the Free State).

#### STEPS 4-5 MUST BE COMPLETED BEFORE 29 JULY 2016

#### 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.
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 2017 (THE CLOSING DATE FOR ALL APPLICATIONS IS 29 JULY 2016)

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.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

## 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?

<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>

## 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 29 JULY 2016.**
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 29 JULY 2016 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.



HEALTH SCIENCES  
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## **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 2016.**

**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](http://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](http://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 FORM FOR SELECTION PURPOSES: Closing date: 29 JULY 2016**

STUDENT NUMBER:  (for office use)

Your application for admission to the University **together** with your fully completed **SELECTION FORM** must be sent to the School of Nursing to: **Room 9, Idalia Loots Building, University of the Free State, PO Box 339, Bloemfontein, 9300.**

**Note:** The NBTs are compulsory for all students that apply for selection.  
**Incomplete application forms or failure to submit June results before 29 JULY 2016 will exclude you from the first selection.**

**CONTACT NUMBER: 051 401 2361**

**FAX 051 401 3399**

The information to be included is required for selection purposes. **APPLICATION FOR ADMISSION TO THE NURSING PROGRAMME:**

Full Names:

Surname:

Postal address:   
(Not school address)

Telephone numbers are compulsory.  (Home)

(Parents/Guardian)  (Work)

(Cell phone)

E-mail address  
(Write legibly please):

Citizenship:

ID/Passport number:

NAME OF SCHOOL:

PROVINCE:

URBAN:

RURAL:

SCHOOL TELEPHONE NUMBER:

SCHOOL FAX NUMBER:

.....  
**PRINCIPAL'S SIGNATURE**  
(Certified to be a true and correct account of the candidate's achievements. Only applicable to Grade 12 learners.)

**OFFICIAL SCHOOL STAMP**  
(Only applicable to Gr 12 learners)

- The NBTs must be completed in English.**
- GRADE 12 FINAL EXAMINATION ALREADY PASSED**  
*A certified copy of your **Umalusi Certificate** must be enclosed.*
- ARE YOU CURRENTLY STUDYING AT A TERTIARY INSTITUTION?**

YES	NO
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If YES, please indicate the following:

Name of the University:

Degree obtained:

Academic year:

**Active University students fax your June exam results before 29 JULY 2016 to 051 401 3399.** A complete academic record must be attached for selection purposes (if applicable).

It is hereby certified that the information provided is correct. This **must** be signed by both the **student** and **parents** if the student is a minor. **Only** the student **may** sign if the student is of age.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

DATE: \_\_\_\_\_

# MEDICAL CERTIFICATE (COMPULSORY)

**Student number:**  (for office use)

**Full Name and Surname:**

**Programme:**

## MEDICAL REPORT

**(Must be completed by a medical practitioner – IN PRINT)**

Did your examination and observation convince you that the applicant is in good health and not suffering from any physical or mental defect, disease or disability which would prevent him/her from being trained in the chosen profession or to practice as a professional in a fitting manner?

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I declare that the above information is true and correct and that I have not withheld any information regarding the health condition of this person.

**SIGNATURE**

**DATE**

**PRINT NAME:**

**PROFESSIONAL QUALIFICATION:**

**PRACTICE NUMBER:**

**PRACTICE ADDRESS:**

**Telephone numbers**

**(Work)**

**(Cell phone)**

**(Fax)**

# HEALTH QUESTIONNAIRE



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

**STUDENT NUMBER  
(OFFICE USE)**

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Surname: 

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First names: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age: 

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Height 

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Body mass 

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Please indicate your answers with: 

✓	x
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**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:

	✓	x	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?			
State the nature of your disability			

**OPERATIONS**

Have you undergone any operation(s)?			
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**IMMUNITY**

All students must remember that if they are immune suppressed they should be aware, before taking up the selected places, that they will be exposed to patients with infective diseases, which might affect their illness. In these cases, it will be the students' responsibility to take the necessary precautions to prevent illness due to their exposure. All students will be expected to fulfil all the rotation requirements for the programme.

I declare that the above information is true and correct and that I have not withheld any information regarding my health, and understand that any false information supplied, could cancel my application for selection.

THE FACULTY RESERVES THE RIGHT TO REQUEST A FULL MEDICAL REPORT FROM A MEDICAL PRACTITIONER AT A SECOND SELECTION PROCESS BEFORE FINAL SELECTION.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**