

APPLICATION FOR SELECTION

SHORT LEARNING PROGRAMMES

Dear Student

For office use only				
PAYMENT 1				
PAYMENT 2				
PAYMENT 3				
PAYMENT IN F	ULL			
ID				
INTRO. LETT				
COMP. LETT				
CERTIFICATE				
REF. №				
CUST. №				

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

SECTION 1: PERSONAL PARTICULARS

1.1	Surname						
1.2	Names						
1.3	I.D Number						
1.4	Race (for statistical purposes only)	Black	Black White Coloured Indian				
1.5	Gender (for statistical purposes only)	Fema	le		Male	e	
1.6	Postal address						
1.7	Employer Name						
1.8	Contact numbers:						
1.9.1	Home						
1.9.2	Work						
1.9.3	Cell						
1.9.4	E-mail						
1.10	SANC registration №						
1.11	Student number (if currently registered)						
	Any dietary preferences (please specify)						



205 Nelson Mandela Drive/Rylaan Park West/Parkwes Bloemfontein 9301 South Africa/Suid-Afrika 205 Nelson Mandela Drive/Rylaan Park West/Parkwes Bloemfontein 9301 South Arica/Suid-Afrika T: +27(0)51 401 3629 F: +27(0)51 401 3282 KeeganD@ufs.ac.za www.ufs.ac.za



Mark the appropriate short learning programme	e you would like to register for:
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	COURSE NAME CODE CREDITS DAYS COST							
1	HIV & AIDS Care 2016	HEQC06/	32	6	R4,400.00			
		SLPHIVA HEQC/06/		-		_		
2	Wound Care: Lower leg and diabetic foot ulcers 2015	SLPLLU	12	3	R2,500.00			
3	Wound Care: Holistic wound management 2015	HEQC/06/ SLPHWM	20	3	R2,500.00			
4	Wound Care: Prevention of pressure ulcers 2016	HECQ/06/ SLPPPU	4	2	R2,500.00			
5	Wound Care: Complicated Wounds 2015	SLPWBT	16	2	R2,500.00			
6	Clinical Preceptorship 2016	HEQC/06/HS/ SLPPREC	16	2	R3,050.00			
7	Sexual and Reproductive Health 2015	HEQC/06/ SLPSRH	32	6	R5,200.00			
8	Infection Prevention and Control 2016 (please select one) Mar 2016 August 2016	HEQC/06/ SLPIPC	32	5	R5,100.00			
9	Audiometry 2015	HEQC/ H06/HS/ SLPAUD	8	3	R4,000.00			
10	Spirometry 2015 (please select one) Dec 2015	HEQC/ 06/HS/ SLPSPI	8	3	R4,000.00			
11	Audiometry 2016	HEQC/ H06/HS/ SLPAUD	8	3	R4,300.00			
12	Spirometry 2016	HEQC/ 06/HS/ SLPSPI	8	3	R4,300.00			
13	Visual Acuity Screening 2016	VISU0700S	N/A	1	R2,000.00			
14	Conflict Management in the workplace 2016	SLPCON	4	2	R2,750.00			
15	Health Management in response to disasters (core module) 2016	HEQF/ 06/HS/ SLPHMD	12	3	R4,900.00			
16	Wound Care (1 year) 2016(please select one)BFNC.T.	SLPWC	64	13	R10,700.00			
17	Stoma Care Nursing 2016 (please select one) BFN CT	HEQC/06/ SLPSCN	12	6	R7,300.00			
18	Blood Transfusion Principles and Practice 2016	HEQC/ H06/HEA/ SLPBTPP	32	4	R5,900.00			
19	Audiometry refresher 2016	AUDR1700S	N/A	1	R1,500.00			
20	Spirometry refresher 2016	SPIF1700S	N/A	1	R1,700.00			
21	Health & Safety in the workplace 2016	HASW1500S	N/A	1	R1,700.00			
22	Accident & Incident Investigation 2016	AIIN1500S	N/A	1	R1,700.00			
23	COID Act 2016	COID1500S	N/A	1	R1,700.00			
24	Physical Assessment, Diagnosis & Treatment 2016	PADT1704S	16	5	R6,000.00			
25	HIV & Aids Treatment 2016	HIVM08185S	32	6	R4,800.00			

26	Simulation for Health	SIMU1800S	N/A	5	R8,800.00	
	Professions Educators 2016					

Please tell us how you heard about this programme:

	$\mathbf{\Lambda}$		
Poster		From your manager	
Brochure		From your colleagues	
Nursing Update magazine		Web site	
Another magazine or a newspaper		Post Basic Office (UFS)	
SMS		Exhibition at your work place	
Other (please specify)			

SECTION 3: DOCUMENTATION REQUIRED

The following should accompany the completed forms.

Please indicate with a \mathbf{M} in the applicable block that documents are included.

- **3.1** A certified photocopy of your generic degree or diploma in nursing, or other health care-related qualification (if applicable)
- **3.2** Proof of paid up registration with South African Nursing Council or the Health Professions Council of South Africa (if applicable)
- **3.3** Foreign students: Proof of interim registration with South African Nursing Council NOTE: All foreign students must apply for interim registration from the South African Nursing Council. No foreign student will be selected without proof of interim registration.
- 3.4 A certified copy of your ID document/passport
- **3.5** Proof of indemnity insurance (if applicable)
- **3.6** Certified copy of your Grade 12 certificate (if applicable)

<u>NOTE</u>

YOU WILL NOT BE CONSIDERED FOR SELECTION IF DOCUMENTS ARE INCOMPLETE OR OMITTED

Please return your Application for Selection using one of the following :

Physical Address: (by hand only)

The School of Nursing (Short Learning Programmes), University of the Free State, Room 25, Idalia Loots Building, Bloemfontein

OR

OR

Fax: 051 - 4013282

E-mail: KeeganD@ufs.ac.za

PLEASE DO NOT POST (MAIL) ANY APPLICATION

SECTION 4: COURSE FEES

NOTE:

- 1. 50% of the course fee is PAYABLE 30 days prior to the commencement of the short learning programme.
- 2. The remaining 50% of PAYABLE 14 days prior to the commencement of the short learning programme.
- 3. No student will be permitted to attend a short learning program unless payment has been made in full.
- 4. All payments are NON-REFUNDABLE (refer to the cancellation policy).
- 5. Class attendance is compulsory.

IMPORTANT:

NO PAYMENTS CAN BE MADE UNTIL YOUR COMPLETED APPLICATION FORM IS RECEIVED.

YOU WILL BE GIVEN A <u>REFERENCE NUMBER</u> AND THE <u>BANKING DETAILS</u> UPON RECEIPT OF YOUR APPLICATION FORM

Please do not mail any payments, and no payments can be accepted at the Short Learning Programmes office

SECTION 5: CANCELLATION POLICY

- Participants who cancel their registration later than **30 days** before the programme commences will be liable for **50%** of the fee.
- Cancellations received later than 14 days before the programme commences will be liable for **100%** of the fee.

For further information please contact the Short Learning Programmes office:

Diane Dolan (Manager)

Tel: 051 – 4012914 Fax: 051 – 4013282 E-mail: <u>KeeganD@ufs.ac.za</u>

(FULL NAMES AND SURNAME)

, have read and accept the terms and conditions of registering for this SLP

(SIGNATURE)

(*)

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(DATE)

UNIVERSITY OF THE FREE STATE

UNIVERSITEIT VAN DIE VRYSTAAT

YUNIVESITHI YA FREISTATA