



IN ASSOCIATION WITH

APPLICATION FORM HEALTH CARE ASSISTANT COURSE

PLEASE SUBMIT APPLICATION TO:

POTCHEFSTROOM CAMPUS:

Email to betsie@ukwazi.co.za

TELEPHONE:

018 – 297-6532

ROODEPOORT CAMPUS:

Email to liana@ukwazi.co.za

TELEPHONE:

011 – 760-3098

COMPLETE AND SUBMIT TOGETHER WITH:

- Certified copy of school leaving certificate (National Senior Certificate or other)
- Certified copy of ID
- Certified copy of marriage certificate (if married)
- Copy of bank deposit slip of your deposit (R2500-00)

FULL NAMES :
IDENTITY NUMBER / DATE OF BIRTH :
RESIDENTIAL ADDRESS / STREET ADDRESS :
EMAIL
TELEPHONE:
HIGHEST SCHOOL QUALIFICATIONS :

I _____ (Full names of Applicant), hereby apply for admission to the HEALTH CARE ASSISTANT (CAREGIVER) Course in accordance with the above particulars which I state to be true and correct in every respect. I declare having read the information guide sent to me and understand the contents thereof.

_____ (signature)

_____ (date)