

IN ASSOCIATION WITH



INFORMATION BROCHURE – HEALTH CARE ASSISTANT



POTCHEFSTROOM CAMPUS 018-297-6532

In this Information Brochure you will find information about UKWAZI SKILLS CAMPUS and the HEALTH CARE ASSISTANT COURSE for which we are accredited. The COURSE is facilitated and administered on our behalf by UKWAZI SCHOOL OF NURSING (PTY) LTD.

We trust that it contains sufficient detail to answer all your queries. However, you are also free to contact us by telephone or email for more information – please ensure that you use the correct contact information of the campus of your choice.

We look forward to receiving you as a student at our institution and trust that your time with us will be memorable and happy. More so, we know that you will join us with high expectations about your future and trust that we will be able to meet every one of those expectations – and more.

MANAGEMENT

UKWAZI SKILLS CAMPUS (in association with UKWAZI SCHOOL OF NURSING)

INTAKE DATES 2024

FIRST INTAKE: 30 JANUARY 2024

2ND INTAKE: 9 APRIL 2024

3RD INTAKE: 19 JUNE 2024

UKWAZI SKILLS CAMPUS (PTY) LTD

 $\underline{www.ukwaziskillscampus.co.za}$

ACCREDITED BY THE HEALTH & WELFARE SETA (HW591PA118445)
POTCHEFSTROOM 018-297-6532 (Betsie or Sankie)

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ACCREDITATION STATUS

UKWAZI SKILLS CAMPUS is accredited with the HEALTH AND WELFARE SETA (Registration No HW 591 PA118445) as a training

provider and is registered to offer the HEALTH CARE ASSISTANT SKILLS PROGRAMME (HW/SP/1510151). The programme is

administered and facilitated by our sister company UKWAZI SCHOOL OF NURSING PTY LTD.

RATIONALE FOR COURSE

The HEALTH CARE ASSISTANT COURSE will equip learners with the required knowledge, skills and attributes TO BE EMPLOYED

AS CAREGIVERS. Our students are able to find employment as caregivers in hospitals; day clinics; sub-acute rehabilitation

centres; old age homes; frail care centres; etc. They can also find employment in private homes attending to the daily activities

and needs of the frail (young and old).

The HEALTH CARE ASSISTANT COURSE will also assist learners in the selection process by UKWAZI SCHOOL OF NURSING for

their NURSING QUALIFICATIONS provided they meet all other admission criteria (please visit www.ukwazi.co.za for more

information in this regard). It will especially assist those learners without Life Sciences or with a low mark in Life Sciences in

the selection process. Preference is given to our students in the selection process as opposed to applicants from outside.

COURSE DETAIL

• The duration of the HEALTH CARE ASSISTANT COURSE is approximately 5 months and consists of a theoretical

component and a practical component.

Theoretical training takes place at the School.

Practical training takes place in Old Age Homes.

Also note that this programme is <u>not regulated</u> by the South African Nursing Council. A successful learner is however

awarded a HEALTH CARE ASSISTANT certificate endorsed by the HWSETA.

AS STATED ABOVE, THIS COURSE WILL ASSIST LEARNERS WITHOUT LIFE SCIENCES IN GRADE 12 (OR WITH A LOW MARK THEREIN) IN THE SELECTION PROCESS OF UKWAZI SCHOOL OF NURSING FOR

NURSING QUALIFICATIONS BASED ON THE RECOGNITION OF PRIOR LEARNING.

COURSE CONTENT

The COURSE consists of:

• Applying accurate information about HIV & AIDS to everyday life

• Performing Basic Life Support and First Aid Procedures

• Providing Care to a Frail Person

Providing information about Tuberculosis and directly Observed Treatment

Promoting an awareness of Sexually Transmitted Infections (STIs) in the community

ANATOMY and PHYSIOLOGY is incorporated into the structure of the course.

UKWAZI SKILLS CAMPUS (PTY) LTD



ADMISSION

Learners wishing to apply for the HEALTH CARE ASSISTANT COURSE must be in possession of a grade 10 (Standard 8) school certificate or equivalent qualification e.g. National Certificate (Vocational)(Level 4). Please note that you need Grade 12 (Standard 10) for nursing.

INTAKES 2024

We have 3 intakes of the HEALTH CARE ASSISTANT COURSE in 2024 namely on

30 JANUARY 2024

9 APRIL 2024

19 JUNE 2024

APPLICATION FORM

Application Forms should be send by email as follows:

POTCHEFSTROOM CAMPUS: betsie@ukwazi.co.za OR sankie@ukwazi.co.za

Students can also apply in person at our offices between 8h00 and 16h00 on weekdays. We recommend early registration as intakes are often full.

YOU WILL FIND AN APPLICATION FORM AT THE END OF THIS INFORMATION BROCHURE or call us for an Application Form.

DOCUMENTATION REQUIRED

Kindly note that you are required to submit the following at commencement of classes:

- 3 certified copies of your identity document (ID)
- 3 certified copies of your latest school leaving certificate e.g. National Senior Certificate
- Police (SAPS) clearance certificate required by clinical facilities where practical training takes place.

FEES

TUITION FEES amount to R25 000-00 which is payable as follows:

i. A DEPOSIT of R2 500-00 to be paid before sending your application form - do not send cash under any circumstances, but kindly deposit your payment into the following bank account:

UKWAZI SCHOOL OF NURSING, First National Bank - Account number 62073 434 608;

REFERENCE: YOUR NAME AND SURNAME

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Thereafter, kindly send your deposit slip together with your application form (fully completed) to

betsie@ukwazi.co.za.

KINDLY NOTE THAT SHOULD YOU CANCEL YOUR APPLICATION PRIOR TO REGISTRATION AN ADMINISTRATION FEE

OF R300-00 AND BANK CHARGES WILL BE DEDUCTED BEFORE REFUNDING ANY MONIES TO YOU.

ii. THE BALANCE of fees amounting to R22 500-00 is payable as follows:

• A Registration fee of R16 000-00 (SIXTEEN THOUSAND RAND) at least 7 days before commencement of

<u>lectures</u>

. A second instalment of R3 800-00 (three thousand eight hundred rand) on or before the last day of the

month following on the month in which classes commence (29 February 2024 for the January 2024 intake)

• the balance of R2700-00-00 in 3 monthly instalments of R900-00 each thereafter

THE FOLLOWING ARE INCLUDED IN YOUR TUITION FEES:

2 tunic tops

risk (insurance) cover for the period spent in training in frail care centres / old age homes / step-down facilities. The

School arranges such cover on behalf of learners.

KINDLY NOTE THAT ALL TUITION FEES AND OTHER CHARGES ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION -

APPLICANTS WILL BE LIABLE FOR THE FEES AND CHARGES PREVAILING AT THE DATE OF COMMENCEMENT OF LECTURES

IRRESPECTIVE OF THE DATE OF THEIR APPLICATION FOR ADMISSION OR DATE OF REGISTRATION.

DRESS CODE

Learners must dress neatly when attending classes. Learners are required to wear the School tunic tops when they go out to

frail care centres / old age homes / sub-acute centres to do practical training.

TRANSPORT COSTS

The COURSE has a practical learning component which means that learners are trained in frail care centres / old age homes /

sub-acute centres under guidance of our clinical tutors. Learners must make provision for the cost of transport of getting to

these frail care centres / old age homes / sub-acute centres, which are not included in the tuition fees. It is suggested that

learners budget for an amount of R500-00 per month when doing practical training in the old age home or other clinical facility

(the length of practical training for the COURSE is about 2 months).

BLENDED LEARNING: SMART PHONES

Tuition is currently offered in contact mode, but the COURSE may also be offered in a blended learning format (e.g. 1 day in class

followed by 1 day home study / preparation). IT IS RECOMMENDED THAT STUDENTS BE IN POSSESSION OF a LAPTOP or a

TABLET or a SMART PHONE.

ACCOMMODATION

KINDLY NOTE THAT WE DO NOT PROVIDE ACCOMMODATION AND STUDENTS MUST MAKE THEIR OWN ARRANGEMENTS.

CONTACT US

POTCHESFTROOM CAMPUS

- 1st Floor, Standard Bank Building, c/o Walter Sisulu & Retief St, Potchefstroom
- TELEPHONE (018) 297-6532 ask for Betsie or Sankie
- Email: betsie@ukwazi.co.za OR sankie@ukwazi.co.za







APPLICATION FORM HEALTH CARE ASSISTANT COURSE

PLEASE SUBMIT APPLICATION TO:

POTCHEFSTROOM CAMPUS: Email to betsie@ukwazi.co.za

TELEPHONE: 018 – 297-6532

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)