# **FUTURE NURSES NUSRING SCHOOL**

## **2022 APPLICATION FORM**



DHET Reg No: 8018/HE07/00 SANC Ref No:S1674

Fully accredited by the Council OF higher Education (CHE) Registered with South African Quality Assurance (SAQA)
Registered with the Department of Higher Education and Training (DHET) Full Accredited by South African Nursing
Council (SANC)

# **ENQUIRIES**

Direct all inquiries related to your application to <a href="info@futurenursesnursingschool.co.za">info@futurenursesnursingschool.co.za</a> or 011 873-1475 / 079 595 2414

## **SCHOOL LOCATION**

20 angus street, Germiston South, 1401

#### INSTRUCTIONS FOR COMPLETING THE FORM

Only one application form to be submitted per student Ensure all information is correct Allow for 10 working days before checking on your application Ensure all relevant documents support your application

### **APPLICATION FEES**

A non-refundable deposit of R500 must accompany this application, with proof of payment, for your application to be processed Payment details appear below

## **BANKING DETAILS**

Future Nurses Nursing School
First National Bank
Acc No 6278 5926 224
Branch code 250655
PAYMENT REFERENCE IS YOUR INITIALS AND SURNAME

# **PERSONAL DETAILS**

SURNAME	<del></del>
FULL NAMES	
IDENTITY NUMBER/PASSPORT NUMBER	
DATE OF BIRTH	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	<u>-</u>
TELEPHONE (H)	
(W)	
MOBILE	
EMAIL	
NEXT OF KIN	
RELATIONSHIP	
CONTACT NUMBER	
I HAVE ATTACHED THE FOLLOWING DOCUMENTS	
IDENTITY DOCUMENT	Y / N
MATRIC RESULTS APPLICATION FEE PROOF OF PAYMENT	Y / N Y / N
Should your application be successful, we will contact you to proceed with the rest of registration.	
DECLARATION	
I solemnly declare that all the information furnished in this document is free of errors to the best of my knowledge. I hereby declare that all the information contained in this application form is in accordance with facts or truths to my knowledge.	
SIGNATURE	DATE