



**Gauteng Department of Health  
42 Commissioner, Johannesburg, Life Centre Building  
Private Bag X085, Marshalltown  
2107**

## **NELSON MANDELA FIDEL CASTRO (NMFC) MEDICAL TRAINING PROGRAMME**

**Directions to applicants:**

- Applicants must submit their applications through the official channels of communication.
- No late applications will be accepted after the closing date.
- The application must be completed in block letters.
- Where applicable mark with **X**
- Only original and completed forms will be considered.
- Applicants must comply with the check list of all supporting documents on page **3** to be considered for a bursary.

### **Part A: Personal Particulars**

<b>Title:</b>	<b>Surname:</b>	<b>First Names:</b>	
<b>Age:</b>	<b>South African Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Race:</b> <input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Asian <input type="checkbox"/> White	<b>Gauteng Resident</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Identity Number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Next of kin contact details:</b>		<b>Tel:</b>	
<b>Name</b>			
<b>Disability</b>	<b>Type of disability specify</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Marital Status:</b> -----	<b>Home Language:</b> -----	
<b>Residential Address &amp; Postal Code:</b>	<b>Postal Address &amp; Postal Code:</b>	
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<b>Your preferred contact details:</b>		
<b>Tel:</b>	<b>Address</b>	<b>E-mail:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



**Part B: High School Details**

Last School Year: \_\_\_\_\_ Name of School: \_\_\_\_\_

Highest grade/Std passed: \_\_\_\_\_

Subjects Passed	Percentage/Symbol

**Part C: Tertiary Details – (If applicable)**

Name of qualification	Date Obtained	Major subjects
Are you currently or have you been a recipient of a bursary (Government/Private)	Yes	No
	If yes – Name of the bursary:	
Do you/ Have you received a study loan?	Yes	No
	If yes – Name of the loan and Institution	
Value of the loan:	Contract period of the loan	
When is the Bursary Obligation expire:		

**Part D: Parent/Guardian Details**

Parent/Guardian 1		Parent/Guardian 2	
Name and Surname		Name and Surname	
Contact Number		Contact Number	
Residential Address		Residential Address	
Relationship to the applicant		Relationship to the applicant	
Number of Dependent at home not schooling:	Number of Dependents at School:	Number of Dependents at Tertiary:	

**Part E: Parent/Guardian Financial Status**

Mother Job Title:	Monthly Income:
Father Job Title:	Monthly Income:
Guardian Job Title	Monthly Income:
Total Parents/Guardian combined Income:	R

**Part F Accompanying Documents & Checklist**

Documents	Tick
Copy of your Identity Document	
Copies of all qualifications	
Copy of your/parents Salary Advice (Affidavit if parents/guardians are not working)	
Copy of Dependants birth certificates/ Identity Documents	
An affidavit to indicate that you have been a resident in Gauteng for at least one year	
Proof of Residence	



**Part G**

**Declaration**

I declare that the afore-mentioned information is correct. I understand that my application and /placement will be withdrawn if I have made any fraudulent statement before, during or after the period of application. In the event that I am provided with a bursary I will abide by the regulation of the Gauteng Department of Health's Bursary Policy.

Signature of Applicant : -----

Date: -----

(If a you're a minor)

Signature of Parent/ Guardian : -----

Date: -----