**Students registered in a Bachelor of Nursing programme at a South African Higher Education Institution are invited to apply for funding for the 2024 academic year.**

**Information**

1. All candidates must complete all applicable sections on the application form.
2. Eligibility criteria:
   1. Currently registered for a Bachelor’s degree in the field of nursing at a South African Higher Education Institution;
   2. South African nationality.
3. Exclusion criteria:
   1. An applicant who has an existing workback agreement with an alternative funding source;
   2. An applicant who has any funding (including NASFAS funding) for the 2024 academic year from an alternative funding source.
4. **Additional documentation required**

The following additional documentation must be submitted with this application form. Please ensure that all documentation is legible.

* **Certified copies of:**
  + Identity document
  + Proof of university registration for 2024
  + Proof of academic transcript for all prior academic year’s performance in the Bachelor of Nursing programme
  + University student financial statement of account from the university including all student related fees.
  + University letter with the banking details.

1. Closing date for applications: 28 February 2024. No late applications will be considered.
2. The application form and additional documentation should only be submitted to:

LHCBursary@lifehealthcare.co.za

1. Incomplete applications will not be considered.
2. Only successful applicants will receive a confirmation of funding letter. Confirmation of funding will be issued by 31st March 2024.
3. **Declaration**

I, the undersigned applicant, do hereby:

a) Acknowledge that I understand the provisions of the declarations herein and am bound by the provisions of this registration, and the rules and procedures of Life Healthcare (PTY) Ltd (LHC) currently in force and/or which may be amended later.

b) Declare that the information provided in this application is a true and accurate record of my personal information.

c) Acknowledge that if this funding application is successful, that I may be required to enter into a work back contract with Life Healthcare.

d) Declare that I do not have any other external funding for the 2024 academic year. For example, NSFAS funding.

|  |  |
| --- | --- |
| **Applicant signature:** | **Date:** |
| **Guardian signature:**  **(if student is under 18 years old)** | **Date** |

**Note: THE COLLEGE RESERVES THE RIGHT TO VERIFY ANY INFORMATION SUBMITTED**

|  |  |  |
| --- | --- | --- |
| **SECTION A**  **University Details** | | |
| **1** | **Name of University** |  |
| **2** | **Address of University** |  |
| **3** | **Nursing Department Contact person’s name** |  |
| **4** | **Contact: email** |  |
| **5** | **Contact: telephone** |  |
| **6** | **Student Finance Department contact person’s name** |  |
| **7** | **Contact: email** |  |
| **8** | **Contact: telephone** |  |

|  |  |  |
| --- | --- | --- |
| **SECTION B**  **Applicant: Personal Details (please print clearly)** | | |
| **1** | **Name and Surname (as stated in identity document)** |  |
| **2** | **Ethnicity** | **African**  **White**  **Coloured**  **Indian** |
| **3** | **Gender** | **Male**  **Female** |
| **4** | **Disability** | **Yes**  **No**  **If yes, type of disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |
| --- | --- | --- |
| **5** | **Identity Number** |  |
| **6** | **Telephone Number** |  |
| **7** | **Mobile Number** |  |
| **8** | **Email address** |  |
| **9** | **Physical Address** |  |
| **10** | **Highest Qualification** |  |
| **11** | **Next of Kin** | **Name:**  **Contact Number:** |
| **12** | **Signature of Applicant** |  |

|  |  |  |
| --- | --- | --- |
| **11** | **The submission of the details on the application form infers consent to personal information being shared for statistical and reporting purposes** | **Yes**  **No** |
| **12** | **Documents submitted** | **Identity document**  **Proof of university registration**  **Proof of academic transcript**  **University student financial statement**  **University banking details** |

|  |  |
| --- | --- |
| **SECTION C**  **Programmes / Courses – Nursing Education** | |
| **Name of University programme** |  |
| **Current year of study in 2024** |  |