



LIMPOPO COLLEGE OF NURSING

DIPLOMA IN NURSING: GENERAL (R.171 OF 8 MARCH 2013)

DEPARTMENT OF HEALTH

RATING SCALE

Rating scale to be completed by all applicants who have Senior Certificate with endorsement (Matric Exemption) OR National Senior Certificate with Bachelor's degree

FULL NAME OF APPLICANT _____

I.D. NUMBER

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CIRCLE YOUR SUBJECT UNDER THE APPROPRIATE SYMBOL/LEVEL AND TOTAL AT THE BOTTOM OF THE SCALE

NB: LIFE ORIENTATION SHOULD NOT BE COUNTED

%	80 -100%	70-79%	60-69%	50-59%	40-49%	30-39%	0-29%
LEVEL	7	6	5	4	3	2	1
HG	A	B	C	D	E	F	G
SG		A	B	C	D	E	F

SUBJECTS	7	6	5	4	3	2	1
ENGLISH							
LIFE SCIENCES/BIOLOGY							
PHYSICAL SCIENCES							
MATHEMATICS							
MATHEMATICAL LITERACY							
AFRIKAANS							
NORTHERN SOTHO/SEPEDI							
TSONGA							
VENDA							
ISINDEBELE							
AGRICULTURAL SCIENCE							
GEOGRAPHY							
HISTORY							
INFORMATION TECHNOLOGY							
COMPUTER APPLICATION TECHNOLOGY							
ACCOUNTING							
ECONOMICS							
BUSINESS STUDIES							
CONSUMER STUDIES/HOSPITALITY (CIRCLE THE APPROPRIATE ONE)							
DRAMATIC ARTS/VISUAL ARTS/CULTURE AND ARTS (CIRCLE THE APPROPRIATE ONE)							
ENGINEERING GRAPHICSAND DESIGN							
MUSIC							
OTHER							

REQUIRED: MINIMUM 24 POINTS

TOTAL SCORE: _____

APPLICANT'S SIGNATURE: _____



LIMPOPO COLLEGE OF NURSING



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

APPLICATION FOR ADMISSION 2025- DIPLOMA IN NURSING: GENERAL (R.171 OF 8 MARCH 2013)

A: PERSONAL INFORMATION (PLEASE Print)

*(Certified copy of I.D. and Marriage Certificate must be attached)

A.1 Surname																				
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Maiden Name (If Applicable)																				
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A.2 Names																				

A.3 Identity No																							Date of birth										
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A.4 Are you a South African Citizen	YES	NO	A.5 Gender	Male	Female
A.6 Have you been convicted of criminal offence?	YES	NO			
A.7 Is there any criminal charges pending against you?	YES	NO			
A.8 Do you have a disability?	YES	NO			
A.9 Did you include a postal order	YES	NO			
A.10 Postal order number					

B: HOW DO WE CONTACT YOU

B1: Residential Address _____

 Code _____

B2: District : _____

 Local Municipality _____

B:3

Name of Relative		Tel No.															
Name of Relative		Tel No.															
Applicant's telephone no.																	
Email address																	

C: ACADEMIC DATA (Certified proof must be attached)

C.1 Have you passed grade 12 with an exemption or bachelor's degree?	YES	NO
C.2 In which year did you pass Grade 12?		
C.3 Do you have any post matric qualification?	YES	NO
C.4 Indicate the qualification type e.g. Bachelor degree or National Diploma	YES	NO
C5 Are you currently registered/studying with any institution of higher learning		
C6 Indicate the name of the institution e.g. X University	YES	NO
C7 Do you have any disability	YES	NO

D: DECLARATION

I declare that the above particulars and information given with my application is completed and true, and that I am aware that any purposeful withholding of information supplied by me could lead to immediate disqualification.

Signature of Applicant-----

Date: -----