



**KWAZULU - NATAL  
GOVERNMENT  
PROJECT SUKUMA  
EMERGENCY MEDICAL CARE  
APPLICATION FORM  
2017**

<p><b>Please print when completing this form. Mark appropriate blocks with an "X" Failure to complete this application form fully and correctly may prejudice the applicant's chances of obtaining an EMC Training Opportunity.</b></p>	<p><b>330 Langalibalele Street Natalia Building 15 Floor Pietermaritzburg 3200</b></p>
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**PERSONAL PARTICULARS**

FIRST NAMES: \_\_\_\_\_

SURNAME: \_\_\_\_\_

IDENTITY NUMBER: _____	DATE OF BIRTH: _____
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POSTAL ADDRESS: _____ _____	PHYSICAL ADDRESS: _____ _____
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TELEPHONE NUMBER: (____) _____	DISTRICT: _____
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CELL PHONE NUMBER: _____	LOCAL MUNICIPALITY: _____
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ALTERNATE NUMBER: _____	WARD NUMBER: _____
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FAX NUMBER: _____	COUNCILLOR: _____
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NATIONALITY: _____	MARITAL STATUS: <b>Single/Married/Divorced/Widowed</b>
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GENDER: <b>Male/female</b>	DISABILITY: <b>YES/NO</b> _____
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RACE: <b>Black/Coloured/Indian/ White</b>	Are you currently employed? <b>YES/NO</b> If yes, please elaborate _____ _____
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Have you ever been convicted of a criminal offence, dismissed from employment or requested to resign? <b>YES/NO</b> <b>If the answer is yes please furnish full details on a separate sheet of paper.</b>	Did you consult a vocational counsellor regarding your choice of study?  <b>YES/NO</b>
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Please indicate the annual gross income of your parent or legal guardian should you be dependent on them during the course of your intended studies (please tick the relevant option):

Contact details of parent/legal guardian:

Tel Number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

**DECLARATION**

I understand that this application for a bursary is not a loan and declare that the above particulars are complete and correct.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

**SIGNATURE OF PARENT/LEGAL GUARDIAN** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

RECOMMENDATION BY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

## REQUIREMENTS

Please provide the following with the Application Form:

- 1) Certified Copies of Identity document (ID) including your parents' ID and /or your guardians' ID.
- 2) Certified copy of Matric certificate.
- 3) Proof of income of either parents or guardians (pay slip, pension receipt or bank statement).
- 4) Proof of unemployment from Department of Labour for both parents if they are unemployed.
- 5) Proof of residence.
- 6) It is recommended that those who have profiling certificates submit a certified copy.
- 7) Copy of recognised tertiary certificate.