

Student APPLICATION FORM CLINICAL OFFICER GENERAL

No:-

Pioneers in Naturopathic Medicine Research, Education and Care

IMPORTANT NOTE: - Please be sure you have read all the conditions and instructions before you fill this form and ensure that you complete all sections of the application form and attach all supporting documents

CONDITIONS AND INSTRUCTIONS:

- ALL full time students must attend 1 laboratory practical, 3 lectures and 1 tutorial per course per week and 2 clinical session
- An absence of more than four days must be supported by a medical report.
- All students must attend all tests and, for any missed tests, students must arrange for a deferred test.
- All fees must be paid in full according to the payment arrangement entered into before class attendance commences
- Fees are neither refundable nor transferable under any circumstances, and the school shall not enter into any arrangement other than this in regard to any payments the student makes to the school.
- In the event of under enrollment or other reasons beyond the control of the school, the school reserves the right to defer, or not run a particular program advertised.
- Time –tables, academic, calendars and fees may be altered as circumstances demand.
- Students are responsible for any damage they may cause to school property or any other property during their stay with the school or in the attachment sites they attend. In this regard students will be required to pay a caution fee to cover this. In the case of damage exceeding the caution fees, the student shall bear the cost of repair and replacement
- The school reserves the right of final arbiter regarding all matters pertaining to it and all courses on offer
- Changes in personal information including addresses, emails, and phone/cell numbers must be promptly communicated to the appropriate authorities.
- The student must supply certified copies of their academic qualifications
- Examination arrangements must be confirmed with the school 1 month before the date of examination
- The school reserves the right to convert any fees paid into tuition fees as long as there are arrears in tuition fees outstanding.
- The school reserves the rights to release examination results at an appropriate and convenient time for all parties concerned.
- Due to the ethical nature of the Medical and Naturopathic profession, the student is expected to maintain a professional bearing and conduct as regards their personal adornment (dressing), conduct and behavior in and out of school, and shall refrain from any public misconduct and nuisance of any sort failure to which disciplinary action or summary dismissal will be implemented.
- Any dismissal can be appealed using appropriate channels.

SECTION A

Personal Information

Student
Application
Form

Title (Mr/Mrs/Ms)																
Surname																
Full Names																
Maiden Name (if applicable)																
Date of Birth																
Place of Birth																
Identity No.																
SA Citizenship	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
Gender	Male <input type="checkbox"/>						Female <input type="checkbox"/>									
Race	African			Indian			Coloured			White						
Do you have a disability? <i>If YES, describe the nature of the disability:</i>	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
Do you suffer from any chronic diseases? <i>If YES, please provide details:</i>	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
Residential address with postal code																
Postal address with postal code																
Address while studying (if not living at home) with postal code																
Contact telephone numbers including dialling codes	Home								Cellular							
	Parent / Guardian								Other Contacts							
E-mail Address																
Have you ever been found guilty of a criminal offence?	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
	If yes, specify the nature and date of offence:															

SECTION B

School Attended

NB: Attach proof of results.

Name of School				
School Address				
Province				
Telephone No				
Grade				
Years attended		From:		To:
Subjects (List them below)	Higher Grade	Symbol %	Standard Grade	Symbol %

INTENDED STUDY FOR THE NEW ACADEMIC YEAR

Name of Campus	
Name of Course and Year	
Please indicate your mode of payment	Describe below the nature of financial assistance and obligations involved and provide the names of the sponsor:

SECTION C Declaration

I hereby, declare that ALL the information provided in this application form is complete and correct.

I hereby, acknowledge that if ANY of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified and the place awarded will be canceled.

I further declare that I have been provided all the information I need and voluntarily register for this course

I declare that I shall abide by the institutional rules and pay my fees promptly, and absorb the institution of any responsibility regarding my candidature at the institution should I abrogate these rules or any regulations

Signature of APPLICANT:

Signed at....., **this****day of**, **20**
(City) (Month)

Signature of PARENT/ LEGAL GUARDIAN

Signed at....., **this****day of**, **20**
(City) (Month)

FOR OFFICIAL USE ONLY

Please check that the form has been filled in appropriately and all necessary documents have been attached

Application status (cross out what does not apply): Approved / Not Approved

Reasons for not approved:

.....
.....
.....
.....

Signature:

Date: