



## WESTERN CAPE COLLEGE OF NURSING: RPL APPLICATION FORM

**CAMPUS:** \_\_\_\_\_

### **R171 NURSING DIPLOMA: Recognition of Prior Learning (RPL)**

Additional Information, to be submitted with general WCCN application form to the preferred Campus (WCCN). Once received the WCCN College will give feedback to the applicant.

RPL Application for access into first year R171 Diploma Nursing:

If successful in the RPL Application, student Nurses must apply for endorsement /provisional matric exemption through Universities South African (Sub- division: Matriculation Board) after completing the first year successfully.

Application for full exemption must be submitted after successful completion of the third year of study before graduation.

<b>Name and Surname</b>			
<b>Age</b>			
<b>Current Job Title</b>			
<b>Current Employer (Company)</b>			
<b>Company Contact details:</b>	<b>Cell phone no.</b>	<b>Work Telephone</b>	<b>E-mail</b>

1. Indicate all previous academic qualifications.

<b>Qualification</b>	<b>What year was it obtained?</b>

2. Do you have any previous Health Care/Services related qualifications?

<b>Qualification</b>	<b>Response</b>
Health care worker	
Nursing Qualification (Full/Partially)	
Emergency medical services	
Other	

3. What nursing work/practice experience do you have.

<b>Type of ward/service</b>	<b>Duration</b>	<b>Nursing activates most frequently performed e.g. Dressing; patient observations; patient assessments etc.</b>

4. Indicate the reason/s for deciding on following this course.


5. What nursing /health related qualities do you have?


6. Include the following certified documents.

<b>Academic Qualification: certificates, diplomas or degrees</b>
<b>Nursing Qualifications: certificates, diplomas or degrees</b>
<b>Registration with the SANC (if any)</b>
<b>Identification document</b>
<b>Proof of payment (Administration fee of R150.00)</b>
<b>References/Testimonials</b>
<b>Curriculum Vitae</b>

Thank you for completing this questionnaire.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete this application as an addition to the WCCN general application form.**