

**CAPE PENINSULA UNIVERSITY OF TECHNOLOGY  
DEPARTMENT OF OPHTHALMIC SCIENCES  
ND: OPTICAL DISPENSING APPLICATION FORM**

**TO BE COMPLETED IN APPLICANTS OWN HANDWRITING**

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**1. PERSONAL DETAILS (PLEASE USE BLOCK CAPITALS)**

- 1.1 SURNAME : \_\_\_\_\_
- 1.2 SURNAME ON MATRIC CERTIFICATE : \_\_\_\_\_
- 1.3 FIRST NAME/S (in full) : \_\_\_\_\_
- 1.4 RESIDENTIAL ADDRESS (Cape Town) : \_\_\_\_\_  
\_\_\_\_\_
- POSTAL CODE : \_\_\_\_\_
- RESIDENTIAL ADDRESS (Home)  
(If not same as above) : \_\_\_\_\_  
\_\_\_\_\_
- POSTAL CODE : \_\_\_\_\_
- 1.5 TELEPHONE NUMBERS  
Home : \_\_\_\_\_  
Work : \_\_\_\_\_  
Cell : \_\_\_\_\_  
Mother/Father/Guardian : \_\_\_\_\_
- 1.6 YOUR e-Mail Address : \_\_\_\_\_
- 1.7 DATE OF BIRTH : \_\_\_\_\_
- 1.8 GENDER (Tick Block) : Male  Female
- 1.9 NATIONALITY : \_\_\_\_\_
- 1.10 IDENTITY / PASSPORT NUMBER : \_\_\_\_\_
- 1.11 MARITAL STATUS : \_\_\_\_\_
- 1.12 HOME LANGUAGE : \_\_\_\_\_

**2. ACADEMIC PERFORMANCE**

2.1 SCHOOL LEAVING/MATRIC EXAMINATION: \_\_\_\_\_

2.2 MONTH & YEAR WRITTEN : \_\_\_\_\_

**RESULTS:** - If you have passed Grade 12 give these symbols.  
 - If you are in your final school year give your Grade 11 results and a copy of your Grade 12 June report. Attach certified copies of all results.  
**Note: All outstanding results must be forwarded as soon as they are received.**

The results given in the table below are my:  
 Grade: \_\_\_\_\_ results    Month: \_\_\_\_\_    Year: \_\_\_\_\_

SUBJECTS	Rating Code (or symbol)	%		All Other Subjects	Rating Code (or symbol)	%
* <b>ENGLISH</b> (HL or FAL) [E-Compulsory subject]						
Other language/s (HL or FAL)						
* <b>MATHEMATICS</b> [M-Compulsory subject]						
* <b>PHYSICAL SCIENCE [PS]</b> [M-Compulsory subject]						
* <b>LIFE SCIENCE [LS]</b> [M-Compulsory subject]						

2.4 NAME OF SCHOOL: \_\_\_\_\_

2.5 ADDRESS OF SCHOOL: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

2.6 TELEPHONE NO (School): \_\_\_\_\_

2.7 CERTIFICATE: \_\_\_\_\_

(e.g. National Senior Certificate/Joint Matriculation Board)

**2.8 POST-SCHOOL**

COURSE : \_\_\_\_\_

YEAR : \_\_\_\_\_

COLLEGE/UNIVERSITY/OTHER : \_\_\_\_\_

**PROVIDE CERTIFIED COPY OF ALL POST-SCHOOL RESULTS**

If you did not complete a course, give reason/s:

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**Note: Additional information can be given on a separate page if space insufficient for all courses done.**

**3 EMPLOYMENT (including casual work e.g. weekend jobs etc.)**

NAME OF EMPLOYER & TELEPHONENUMBER	POSITION HELD	FROM	TO	REASON FOR LEAVING

**Note: If space is not sufficient additional information can be given on a separate page.**

**4 HEALTH**

4.1 We accept candidates with certain disabilities that allow employment in the eye care professions. Do you have a disability? If so, briefly describe:

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4.2 Have you had any long or short term treatment for any issues related to mental health e.g. depression, bi-polar mood disorder, schizophrenia, other? If so please specify and include a doctor's report on your current mental health status and treatment. (We are required to note this for the Health Professions Council of South Africa)

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4.3 Do you suffer from any chronic illness? If so please specify and include a doctor's report on your current health status and current and future treatment.

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4.4 Have you ever had any serious accidents? If so, describe:

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4.5 Have you ever had any operation? If so, describe:

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4.6 Have you ever suffered/do you suffer from problems of any of the following?  
(Give dates and mention medical treatment)

- Eyes : \_\_\_\_\_
- Lungs : \_\_\_\_\_
- Heart : \_\_\_\_\_
- Back : \_\_\_\_\_
- Headaches/Migraine : \_\_\_\_\_
- Allergies : \_\_\_\_\_
- Other : \_\_\_\_\_

4.7 Have you had more than 5 consecutive days off sick in the past 3 years?

**YES**

**NO**

If yes, give brief details:

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4.8 How many times have you visited a medial practitioner in the past 6 months?

If more than 3 times please state whether you have a medical condition requiring regular medical intervention/attention:

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**5 GENERAL**

5.1 Have you ever been convicted of a criminal offence? If yes, give brief details:

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5.2 Have you ever been dismissed from employment? If so, when and what for?

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**6 COMMUNITY ACTIVITIES/INVOLVEMENT:**

Do you participate in community activities? If so, please mention these:

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**7 EXTRAMURAL ACTIVITIES/INTERESTS/SPORTS/HOBBIES**

Do you participate in any sport or social activities? What do you enjoy doing in your free time? If so, mention these activities:

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**8 PERSONAL ACHIEVEMENTS**

Describe your personal achievements and milestones. What are you proud of achieving?

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**9 PERSONAL ORGANISATION:**

How do you manage your time? What is your balance between work/study and relaxation time?

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**10 OPTICAL DISPENSING**

10.1 What does optical dispensing mean to you?

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10.2 How did you hear about this course? \_\_\_\_\_

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10.3 Have you ever applied for this course before?

 YES NO

10.4 If so, where? \_\_\_\_\_

If so, when? \_\_\_\_\_

10.5 Have you applied at any other education institution/s this year?

 YES NO

10.6 If yes, give the course/s and institutions:

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10.7 What is your first choice? \_\_\_\_\_

10.8 Describe any experience you have had with people who are unwell or in need?

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10.8.1 What is your opinion of working in a profession that requires you to work over weekends and in the evenings?

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**11 OPTICAL DISPENSING AS A CAREER**

Please write a short explanation (maximum 150 words) on each of two topics given below (11.1 & 11.2). Each explanation must be on a separate page and attached to the application form.

11.1 Why you want to be in the eye care profession

11.2 What you know about the profession of optical dispensing and the particular course you have applied for

**DECLARATION**

**I am aware of the minimum entrance requirements for the ND Optical Dispensing and my results attached meet these requirements.**

**I declare that the information given is, to the best of my knowledge, correct. If admitted to the programme, I undertake to abide by the rules and regulations of the clinical learning facility in the public or private sector and the Cape Peninsula University of Technology.**

**SIGNATURE OF THE APPLICANT:** \_\_\_\_\_

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

**CHECKLIST**

**Please complete this application form as soon as possible, and return by 31 August WITH ALL SUPPORTING DOCUMENTATION in order to be considered for selection.**

**The following MUST be included with this application for the application to be considered:**

1. Certified copy of Identity Document
2. Two recent references (1 must be your employer if you are working)
3. The name and contact number/address of two referees
4. Certified copy of Grade 11 School Report
5. Certified copy of Grade 12 June School Report  
(September report to be forwarded as soon as possible)
6. Certified copy of Senior Certificate if you have matriculated  
Or submit within 3 days of receipt if currently in final school year
7. Certified Documents/certificates of post-school study if applicable
8. 2 Short Explanations (see 11)
9. Foreign students must ensure that they have followed required processes

**Note that any provisional selection or waitlisting will be provisional on all subsequent and final results being submitted. Achievement levels will be evaluated against admission criteria. These results should be submitted within 3 days of receipt.**