

CAPE PENINSULA UNIVERSITY OF TECHNOLOGY

**FACULTY of HEALTH and WELLNESS SCIENCES
DEPARTMENT of RADIOGRAPHY**

BSc / BTech RADIOGRAPHY APPLICATION FORM

TO BE COMPLETED IN APPLICANTS OWN HANDWRITING

1. BIOGRAPHICAL 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 EMAIL ADDRESS : _____
- 1.7 DATE OF BIRTH : _____
- 1.8 GENDER (Tick Block) : Male Female
- 1.9 NATIONALITY : _____
- 1.10 IDENTITY / PASSPORT NUMBER : _____
- 1.11 HOME LANGUAGE : _____

2. ACADEMIC PERFORMANCE

2.1 SCHOOL LEAVING CERTIFICATE : _____
(National Senior Certificate/Joint Matriculation Board / IEB or equivalent: PLEASE SPECIFY)

2.2 MONTH & YEAR WRITTEN : _____

RESULTS: - If you have passed Grade 12 please provide these symbols.
- If you are currently in Grade 12 please provide 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: _____

Please note that English, Mathematics AND Physical Sciences OR Life Sciences are compulsory subjects for BSc Diagnostic Radiography, BSc Diagnostic Ultrasound and BSc Radiation Therapy. English, Mathematics, Physical Sciences AND Life Sciences are compulsory subjects for BSc Nuclear Medicine Technology. Please do not apply if you do not have all of these subjects. Maths Literacy is NOT accepted.

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

2.3 NAME OF SCHOOL : _____

2.4 ADDRESS OF SCHOOL : _____

POSTAL CODE : _____

2.5 TELEPHONE No. (School) : _____

2.6 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:

Note: Additional information can be given on a separate page if space is insufficient for post-school record.

3. EMPLOYMENT (including casual work, weekend jobs, etc.)

NAME OF EMPLOYER & TELEPHONE NUMBER	POSITION HELD	FROM	TO	REASON FOR LEAVING

Note: Additional information can be given on a separate page if space is insufficient.

4. HEALTH

We accept candidates with disabilities / illness that allow employment in Radiography

4.1 Do you have a disability? If so, briefly describe:

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.

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.

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

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

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

 YES **NO**

If yes, give brief details:

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:

5 GENERAL

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

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

6 COMMUNITY ACTIVITIES / INVOLVEMENT

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

7 EXTRAMURAL ACTIVITIES / INTERESTS / SPORTS / HOBBIES

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

8 PERSONAL ACHIEVEMENTS

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

9 PERSONAL ORGANISATION

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

10 PROGRAM

10.1 The program you are applying for is _____

10.2 How did you hear about this course? _____

10.3 Have you ever applied for a Radiography course before?

YES

NO

10.4 If yes, where? _____

If yes, 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: _____

10.7 What is your first choice? _____

10.8 Describe any experience you have had with sick and/or injured people?

10.9 What is your opinion of working in a profession that requires you to work over weekends and at night?

11. RADIOGRAPHY AS A CAREER

Please write a short explanation (200-300 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 chose a career in health care

11.2 What you know about Radiography and the particular the course/s you have applied for

I declare that the information given is, to the best of my knowledge, correct. If admitted to the course, 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: _____

Indicate the CPUT Campus at which you would preferably like to be placed for clinical / work place learning by ticking the block/s:

CPUT GROOTE SCHUUR CAMPUS

CPUT TYGERBERG CAMPUS

PRIVATE SECTOR

OTHER

NOTE: The 4-year BSc degrees will be offered on the Bellville Campus of CPUT but with clinical / work place learning taking place in the respective public or private sector facilities. Your selection above will be considered for your primary placement for the majority of the clinical training. Placement as selected above cannot however be guaranteed. Accepted students will be placed according to clinical placements available at HPCSA accredited clinical facilities.

INDICATE IF YOU ARE INTERESTED IN APPLYING FOR:

A Provincial Government Bursary

A Learnership at a Public Sector Hospital [Diagnostic Radiography only]

A Learnership/Bursary at a Private Hospital

BTECH RADIOGRAPHY APPLICATION

IF YOU ARE A QUALIFIED NATIONAL DIPLOMA RADIOGRAPHER AND NOW WANT TO STUDY FOR BTECH IN THE SAME CATEGORY, THEN BY MEANS OF A (✓) INDICATE WHICH COURSE YOU ARE APPLYING FOR:

B TECH
Indicate Category

FULL-TIME

PART-TIME

Full-time: Student is not employed and will be a full-time student

Part-time: Student is employed and will be a part-time student

Note: The BTech will continue to be offered for a limited period after which it will be phased out and replaced by the BSc Degree.

CHECKLIST

Please complete this application form as soon as possible, and return by 30 September 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 or passport
 2. Two recent written 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 (for grade 12 learners)
 5. Certified copy of Grade 12 June School Report (for grade 12 learners)
(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 Section 11 page 6)
 9. International students must ensure that they have followed required application process.
Please consult the International Office (<http://www.cput.ac.za/students/life/international>)
for assistance.
- YOU WILL BE NOTIFIED IN DUE COURSE
WHETHER:
 - Your application is successful
 - You are provisionally accepted
 - You are on the waiting list
 - Your application is unsuccessful

Note that any selection or wait listing will be provisional on all subsequent and final results being submitted and achievement levels evaluated against course criteria. These results should be submitted within 3 days of receipt.

NOTE: Due to the possible harmful effects of radiation on the developing foetus anyone who is pregnant at the time the course starts will not be able to commence training.