

APPLICATION FOR 2015

STUDENT MEDICAL LABORATORY TECHNICIAN (2 YEARS)

Specific requirements: Grade 12 Mathematics and Science/Biology

Indicate in the table below the PathCare area nearest to your **current place of residence.** (Please note that you will be required to travel to the area you have selected for pre interview testing and panel interview if necessary)

Place a ✓ in the appropriate block next to **ONE** area **ONLY**.

Area	✓	Area	✓
Cape Town		Welkom	
George		Bloemfontein	
Port Elizabeth		Bethlehem	
East London		Vereeniging	
Kimberley		Klerksdorp	
Upington			

	Applicant to complete:	For office use only:
Surname:		
Name:		
Cell no:		
Email		
address:		

INSTRUCTIONS TO APPLICANT

Complete this form in your own handwriting.

All fields are to be completed. If your form is incomplete your application will not be considered

Please read the specific requirements carefully to ensure that you meet the specific requirements for this programme(Student Medical Laboratory Technician).

The completed application form (with documents attached) is to be hand delivered to The PathCare Academy, 1 Birmingham Street, N1 City, Goodwood, Cape Town <u>or</u> posted to PathCare Academy, P.O. Box 13406, N1 City, Goodwood, 7460 to be received before **17:00 on Tuesday 21 October 2014.**

DO NOT include a CV. All information we require at this stage should be filled in on this application form.

The following documents **must** accompany your application:

- Certified copy of your ID
- **Certified** copy of your final Grade 12 certificate (If you are currently in Grade 12 please supply a copy of your **June** report with results)
- Certified copy of results from any tertiary studies whether the course is complete or incomplete
- Two completed personal recommendations (Pg 7/8) one should be from your teacher/lecturer and the other from your manager/supervisor.

Visit our website www.pathcare.co.za where you will find more information about PathCare and the Academy programmes.

Desired Competencies and Abilities (for all Academy programmes):

Read, write and speak English fluently
Read, write and understand basic Afrikaans
Work effectively as part of a team and independently
Work under pressure and study rigorously
Possess a well developed work ethic
Willing to collect and/or process blood and body products
Provide excellent service and be responsive to customer needs
Work shifts and after hours as required

NOTE: applicants who have not followed all the instructions and <u>accurately</u> and <u>thoroughly</u> completed the application form, or who have not provided <u>certified</u> copies of <u>all</u> required documents will not be considered.

Applicant details					
First Names:	Surname:				
Date of Birth:	Gender:				
ID/Passport number:	Country of citizenship:				
Home address:	Postal address:				
Home phone:	Cell:				
Email address:	Home language:				
Second language:	Other languages:				
Criminal record yes no	(Please circle)				
Drivers license yes no	(Please circle)				
Details of parent/guardian/next of kin					
Title (eg: Mr/Mrs/Ms) Name and surname:	(eg: father/mother/brother/aunt) Relationship to applicant:				
ID/Passport number:	Occupation:				
Home/Work phone:	Cell:				
Academic History					
School name:	Grade 12 completion year:				
School address:	School telephone number:				
Where is your school located: Suburb Townshi	p Village Rural area (Please circle one)				
Type of School: Private Public Ex-Model	C (Please circle one)				

Subject HG or SG Percentage (%) achieved	Grade 12 December results (or June results if currently in matric)					
		Subject		HG or SG	Percentage (%) achieved	
Academic awards or leadership roles (provide details)		Academic awards or	leadership roles	(provide deta	nils)	
Tertiary Education (including incomplete courses of study)		Tertiary Education (inc	cluding incomplet	e courses of s	tudy)	
Start date- end date	Start date- end date	Tertiary institution	Course of stud	ly	Complete/incomplete	
		,		,	' '	
Other Training/Education received		Other Train	ning/Education re	eceived		
Start date- end date Institution Course Complete/incomplete	Start date- end date	Institution	Course		Complete/incomplete	

Employment History (including all casual employment)								
Start date	End date	Company Name	Position held	Duties and responsibilities	Reason for leaving	Name of Manager	Contact number (landline)	Contact number (mobile)

Voluntary work/extra mural activities								
Start date	end date	Organisation	Position held	Duties and responsibilities	Reason for leaving	Reported to	Contact number (landline)	Contact number (mobile)

I understand and acknowledge the following:

- The competitive selection process will include: screening of applications and academic results, written proficiency tests and panel interviews.
- The theoretical component of the training will take place at the PathCare Academy in Cape Town. Length of time in Cape Town is approximately 8 months in total but this may vary.
- Students gain practical experience at various PathCare laboratories across South Africa.
- All accommodation costs, while in Cape Town and other locations, is the responsibility of the student.
- On completion of the programme successful students will be eligible to apply for permanent positions at PathCare locations across the country.
- Applicants who have not followed all instructions and accurately and thoroughly completed the application form, or who have not provided certified copies of all required documents will not be considered.
- If you do not receive notification from us (via SMS to the number provided) to attend the
 initial pre-interview tests or subsequent interviews, please accept that your application has
 not been successful.

Iinformation in this application. I understand the application will result in my application not be	hat any misrepresentation or omis	•
	(Signature)	(Date)

Signature:....

Date:.....

Personal recommendation (TO BE CO	MPLETED BY TEACHER OR LECTURER)			
I am recommending (insert full names of applicant):				
My details are: Title: Mr, Mrs, Ms, Dr	Full names:			
ID/Passport number:	Email address:			
Name of school/college/university where you have taught the applicant:	Address:			
Landline:	Cell:			
Your relationship to the applicant?	How long have you known the applicant?			
How does the applicant get along with his/her peers	and function in a team?			
How does he/she get along with authority figures and respond to discipline?				
In your opinion is the applicant able to communicate effectively?				
Can you give an indication of the applicant's attention to detail?				
Do you find him/her to be reliable and punctual?				
Comments:	NB: Official stamp of training institution			

Date:.....

Personal recommendation (TO BE COMPLETED BY MANAGER/SUPERVISOR)				
I am recommending (insert full names of applicant):				
My details are: Title: Mr, Mrs, Ms, Dr	Full names:			
ID/Passport number:	Email address:			
Name of business where the applicant worked while reporting to you:	Address:			
Landline:	Cell:			
Your relationship to the applicant?	How long have you known the applicant?			
How does the applicant get along with his/her peers and function in a team?				
How does he/she get along with authority figures and respond to discipline?				
In your opinion is the applicant able to communicate effectively?				
Can you give an indication of the applicant's attention to detail?				
Do you find him/her to be reliable and punctual?				
Comments:	NB: Official Business stamp:			

Signature:....