HEALTH CARE ASSISTANT (CAREGIVER)
INFORMATION BROCHURE

THIS PROGRAMME HAS BEEN REDEVELOPED TO ALSO SERVE AS A BRIDGING COURSE FOR THE NEW NURSING QUALIFICATIONS TO BE OFFERED BY OUR SISTER COMPANY (UKWAZI SCHOOL OF NURSING) FOR THOSE LEARNERS

- who do not have Life Sciences as a subject on their National Senior Certificate; or
- who do not have a grade of 50 – 59% for Life Sciences to be considered for the Higher Certificate in Auxiliary Nursing; or
- who do not have a grade of 60 - 69% for Life Sciences to be considered for the Diploma in Nursing: Staff Nurse

UKWAZI SKILLS CAMPUS is situated at 1ST Floor, Matt Office Park, 141 Ontdekkers Rd, Roodepoort, virtually opposite Westgate Shopping Centre. We are on the public bus and private taxi routes and within walking distance of the Westgate train station.

ACCREDITATION STATUS

We are accredited with the HEALTH AND WELFARE SETA (Registration No HW 591 PA118445) as a training provider. We are registered to offer the HEALTH CARE ASSISTANT SKILLS PROGRAMME (HW/SP/1510151) which is administered and facilitated by our sister company UKWAZI SCHOOL OF NURSING PTY LTD.

COURSE DETAIL

- The duration of the course is approximately 5½ months and consists of a theoretical component and a practical component.
- Theoretical training takes place at the School.
- Practical training takes place in Old Age Homes.
• Also note that this programme is not regulated by the South African Nursing Council. A successful learner is however awarded credits towards the Ancillary Health Care Certificate (SAQA ID 49606) which is a qualification registered by the South African Qualifications Authority (SAQA) on the National Qualifications Framework.

COURSE CONTENT

The course consists of:

• Anatomy and Physiology for prospective nursing students
• Applying accurate information about HIV & AIDS to everyday life
• Performing Basic Life Support and First Aid Procedures
• Providing Care to a Frail Person
• Providing information about Tuberculosis and directly Observed Treatment
• Promoting an awareness of Sexually Transmitted Infections (STIs) in the community
• Computer Skills (word-processing; internet and e-mail) – training takes place in our IT Centre.

ADMISSION

Learners wishing to apply for the HEALTH CARE ASSISTANT course must be in possession of a grade 10, 11 or 12 (standard 8, 9 or 10) school certificate.

INTAKES

There are 5 intakes of learners for 2016 and lectures start on the following dates:

• 18 January 2016
• 22 February 2016
• 3 May 2016
• 4 July 2016
• 3 October 2016

REGISTRATION

Students can register at our offices between 8h00 and 16h00 on weekdays. We recommend early registration as intakes are often full.

FEES

TUITION FEES amount to R14 750-00 which is payable as follows:

i. A registration fee of R12350-00 which must be made with your application form - do not send cash under any circumstances, but kindly deposit your payment into the following bank account

UKwazi School of Nursing
First National Bank
Clearwater Branch
Thereafter, kindly hand in or fax your deposit slip, with your name, surname, telephone number and area code clearly written thereon together with your application form to us on (011) 760-5567. KINDLY NOTE THAT SHOULD YOU CANCEL YOUR APPLICATION PRIOR TO REGISTRATION AN ADMINISTRATION FEE OF R150-00 AND BANK CHARGES WILL BE DEDUCTED BEFORE REFUNDING ANY MONIES TO YOU.

ii. THE BALANCE of fees amounting to R2 400-00 is payable in 4 monthly instalments of R600-00 each.

ADDITIONAL CHARGES:

iii. Learners are also required to purchase 2 tunic tops at the School on the first day of lectures – the cost is currently R260-00 which should be paid on the same day.

iv. Learners must have insurance cover for the period they spend in training in old age homes at a cost currently of R50-00 per month. The School arranges such cover on behalf of learners. Learners must pay an amount of R150-00 to the School on or before the first day of lectures in this regard.

KINDLY NOTE THAT ALL TUITION FEES AND OTHER CHARGES ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION – APPLICANTS WILL BE LIABLE FOR THE FEES AND CHARGES PREVAILING AT THE DATE OF COMMENCEMENT OF LECTURES IRRESPECTIVE OF THE DATE OF THEIR APPLICATION FOR ADMISSION OR DATE OF REGISTRATION.

DRESS

Learners must dress neatly when attending classes. Learners are required to wear the tunic tops purchased from the School when they go out to the old age homes and step-down facilities to do practical training.

TRANSPORT COSTS

The course has a practical learning component which means that learners are trained in old age homes and step-down facilities under guidance of our clinical tutors. Learners must make provision for the cost of transport of getting to these old age homes, which are not included in the tuition fees. It is suggested that learners budget for an amount of R500-00 per month when doing practical training in the old age home or other clinical facility (the length of practical training for the CAREGIVER course is about 3 months).

ACCOMMODATION

KINDLY NOTE THAT WE DO NOT PROVIDE ACCOMMODATION – STUDENTS MUST MAKE THEIR OWN ARRANGEMENTS
IN ASSOCIATION WITH

uKwazi
SCHOOL OF NURSING
YOUR HEALTH CARE EDUCATORS

APPLICATION FORM

HEALTH CARE ASSISTANT
(CAREGIVER)

PLEASE COMPLETE AND HAND IN TOGETHER WITH:

- 2 certified copies of your identity document
- 2 certified copies of your school certificate
- 2 certified copies of your marriage certificate (if married)
- copy of bank deposit slip in respect of your registration fee

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HEALTH PARTICULARS : Do you suffer from any of the following health related afflictions?

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HIGHEST SCHOOL QUALIFICATIONS:

PARTICULARS OF KIN (NEAREST RELATIVE)

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PARTICULARS OF PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT

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I ______________________________________________ (Full names of Applicant), hereby apply for admission to the HEALTH CARE ASSISTANT (CAREGIVER) Course in accordance with the above particulars which I state to be true and correct in every respect. I declare having read the information guide sent to me and understand the contents thereof.

__________________________________  ______________________________
SIGNATURE                                                                 DATE

I ______________________________________________ (Full names of person responsible for payment of account), binding myself as co-principal debtor with the applicant, hereby assume liability for the payment of all tuition fees and other charges that are payable to UKWAZI SKILLS CAMPUS PTY LTD in respect of the above applicant and undertake to make payment of the same on due date.

___________________________________  ______________________________
SIGNATURE  IDENTIFY NUMBER
IDENTITY NUMBER  DATE
ADDRESS