

FACULTY OF HEALTH SCIENCES

(To be completed by all students)

APPLICATION FOR ADMISSION AS A TEMPORARY MEDICAL STUDENT

Section 1

Surname: _____ First names: _____

Permanent home address: _____

Nationality: _____ Passport No: _____

Date of birth: _____ Gender: _____

At which University are you now a student? _____

Present year of study: _____

Have you ever been registered as a student at the University of the Witwatersrand? _____

If so, when? _____

In which hospital/s do you wish to work?

1.1 Your 1st choice of Hospital: _____

1.2 Your 1st choice of Department: _____

Your 2nd choice of Department: _____

Dates: From: _____ To: _____

2.1 Your 2nd choice of Hospital: _____

2.2 Your 1st choice of Department: _____

Your 2nd choice of Department: _____

Dates: From: _____ To: _____

State date of arrival: _____

Address for all correspondence: (if different from home address) _____

email address: _____

Signature: _____ Date: _____

Section II

I, the undersigned applicant duly assisted as far as in law needs be by (give name of guardian)

(in his/her capacity as my guardian) do hereby :

- (a) acknowledge that I understand the provisions of section III and hold myself bound thereby for any period during which I am a registered student;
- (b) certify that the information given on this form is accurate and complete.

Signature of applicant : _____

Date: _____

<p>To be completed only if applicant is a minor</p>
<p>And I (full names of guardian): _____</p>
<p>Occupation of guardian: _____</p>
<p>Relationship to applicant: _____</p>
<p>in my capacity as the abovementioned guardian do hereby:</p>
<ul style="list-style-type: none">(a) assist the abovementioned applicant in all respects in making this application and holding him/herself bound by all provisions thereof:(b) certify that the information given on this form is accurate and complete.
<p>Signature of guardian: _____ Date: _____</p>
<p>Witness: (1) _____ Date: _____</p>
<p>Witness: (2) _____ Date: _____</p>

Section III

- (A) I acknowledge that the University shall not be liable for :
 - (I) any loss or damage arising out of my death, or from bodily injury to myself, or any loss of health or injury suffered by me, or the destruction of, or damage to my property or any property in my custody and
 - (II) any loss of a purely pecuniary nature suffered by mewhether such damage or loss be caused by the negligent act or omission of the University by the negligent or intentional act or omission of any employee or representative of the University, or arising out of the ownership by the University of any animal.
- (B) I hereby indemnify the University against any claim made by any person whatsoever against the University in respect of any damage arising out of any negligent or intentional act or omission or any other wrongful act or omission of mine.