



health

Department:
Health
PROVINCE OF KWAZULU-NATAL



GUIDELINES ON SELECTION CRITERIA

1. COEC will send notification for application to study in the next academic year.
2. Closing date for applications will be 30 June annually for the following academic year,
3. Application forms can be accessed on the intranet, from the EMRS district manager's Officer and District Trainers.
4. Successful applications (those with all certified relevant documentation as per rule of the application) will proceed to the 2nd stage of processing.
5. Stage 2 will consist of the selection of candidates to be invited to the pre-course as per the set out criteria
 - The criteria will include the following;
 - District needs;
 - Demographics
 - Years of service in EMRS
 - Year of last relevant qualification
 - Age of candidate
 - CPD compliance/participation
6. Stage 3 – the successful candidates will be invited to undertake a pre-course assessment.
7. Stage 4 – successful candidates are allocated into various scheduled training
8. Stage 5 – 2 months prior to the commencement of the course candidates will be enrolled on a mentorship programme aimed to prepare them for the mainstream course (Relevant to specified course)

Footnote; - should there be an excess of candidate they will be placed on a waiting list for the following academic year. Should there be less candidates another pre-course assessment will be conducted.



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EMERGENCY MEDICAL RESCUE SERVICES COLLEGE OF EMERGENCY CARE

APPLICATION TO STUDY FOR THE _____ ACADEMIC YEAR.

Name of Applicant

Identity Number

Persal Number

Nationality

HPCSA Registration No.

Sex Male

Female

Disability Yes

No

Criminal Offences Yes

No

Pending Misconduct cases Yes

No

District Base

Section OPS PPTS COMMS

Other: Specify

Residential Address

Contact Details Cellphone Landline

I, the undersigned _____

Hereby apply to undertake the _____ in 20_____

I accept that should I be selected to attend the _____ Course, I will be required to complete and sign a retention contract with College of Emergency Care.

I acknowledge that the closing date for applications are _____ and that all documents are to be submitted to college of Emergency Care.

Certified copies of the following documents should be attached to the application;

- Certified Copy of Identity Document;
- Certified copy of HPCSA Card;
- Certified copy of a valid code 10 (C1) Driver's License
- Certified copy of a valid PrDP
- Proof of 15 valid continuing Education Units (CPD Points) ;
- Certified copy of Matric certificate;
- Certified copy of Medical qualification;

I hereby certify that the above information provided by me is correct.

Dated at _____ on this _____ day of _____ 20_____

Name: _____ Signature: _____

Date: _____

****Applications may also be handed to your respective District Trainer;**

***No faxed or e-mail applications will be accepted;**

***Applicants must ensure that they keep proof for the submission of the application form**