



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

FACULTIES OF NATURAL SCIENCES AND ARTS AND SOCIAL SCIENCES
DEPARTMENT OF SPORT SCIENCE
CONFIDENTIAL

NOTICE

- The non-academic merit comprises 25% of the selection mark, therefore it is **vital** to complete this form accurately and in full.
- The completed form has to be certified by your school or other relevant authority such as an employer or lecturer (if you have left school) for verification. No consideration will be given to non-academic activities that you participated in at primary school level.
- **Please attach documents as proof of your participation with regard to the sections marked (*)**

PLEASE MARK THE PROGRAMME FOR WHICH YOU ARE APPLYING:

BA SPORT SCIENCE	
BSc SPORT SCIENCE	

Surname: _____
First names: _____
Date of birth (dd/mm/yyyy): _____
SU student number (if known): _____
Address: _____ _____
Contact number: _____
Email address: _____

1. What leadership positions have you held over the last three years at school and/or at college, university or at a workplace? *(For example, class representative, prefect, head boy/girl, chairperson, students' council member or captain of a sports team)*

2.(*) What kind of community service and in what capacity are you currently, or have you been, involved in? *(For example, service organisations, church organisations, Scouts or Junior City Council).*

3.(*). Which cultural activities are you, or have you been, involved in and in what capacity? (For example, music, dance, theatre, arts, debating society and discussion groups).

4.(*). Which of the following sporting events have you participated in during your high school career / after your school career and at what level? Please indicate with a ✓. If you have participated on provincial level, please indicate the province. Please complete the table below.

Sport	✓	School (1 st or 2 nd team)	Club (senior or 1 st team)	Provincial	National
Athletics					
Cricket					
Dance					
Gymnastics					
Hockey					
Netball					
Rugby					
Soccer					
Swimming					
Tennis					
Other (specify)					

5.(*). Have you obtained any coaching or umpiring certificates? If YES, please specify the sport(s).

6. What are your reasons for wanting to pursue a career in Sport Science?

7. What is your language proficiency? Please answer “YES” or “NO” in the relevant columns.

	Reading and writing	Reasonably fluent speaker	Fluent speaker
Afrikaans			
English			
Other (specify)			
1.			
2.			
3.			

8. Is one or are both of your parents alumni of Stellenbosch University? Please specify.

THE INFORMATION PROVIDED ABOVE IS HEREBY CERTIFIED TO BE TRUE AND CORRECT.

Applicant's signature: _____

Date: _____

Principal's / other relevant
authority's signature: _____

Date: _____

Authority's telephone number: _____

Official Stamp



THE COMPLETED FORM, ALONG WITH YOUR SUPPORTING DOCUMENTATION , HAS TO BE UPLOADED ELECTRONICALLY WHERE INDICATED "STATUS OF APPLICATION"

THE FOLLOWING MUST BE SUBMITTED BY 30 JUNE 2019:

1. A official application form to study (e-application or hard copy completed)
2. Completed selection questionnaire and medical form.

SHOULD WE FAIL TO RECEIVE ANY ONE OF THE ABOVE-MENTIONED DOCUMENTS ON 30 JUNE 2019 – YOUR APPLICATION WILL NOT BE CONSIDERED.

- * If BA/BSc Sport Science is your second OR third choice on your formal University application form, the abovementioned documents MUST STILL reach us on 30 June 2019.

DEPARTEMENT SPORTWETENSKAP /

DEPARTMENT OF SPORT SCIENCE

Mediese vorm / Medical form 2020

Afr	Eng
-----	-----

VAN/SURNAME: _____

DOOPNAME/CHRISTIAN NAMES: _____

NOEMNAAM/NAME: _____ TITEL/TITLE: _____

STUD NR: _____ PLAASLIKE ADRES/ LOCAL ADDRESS _____

Ly u aan of is u al met enige van die volgende toestande geïdentifiseer? Maak 'n X in die toepaslike kolom. Waar nodig dui die datum (jaartal) aan.

Have you been identified with or suffering from any of the following? Indicate with an X in the space available. Where necessary please indicate the date (year).

	JA	NEE	OPMERKINGS/COMMENTS
Allergieë/ <i>Allergies</i>			
Asma/ <i>Asthma</i>			
Beenbreuke/ <i>Fractures</i>			
Brongitis/ <i>Bronchitis</i>			
Enkelprobleme/ <i>Ankle problems</i>			
Epilepsie/ <i>Epilepsy</i>			
Floutes/ <i>Fainting spells</i>			
Harsingskudding/ <i>Concussion</i>			
Hartprobleme/ <i>Heart problems</i>			
Heupprobleme/ <i>Hip problems</i>			
Knieprobleme/ <i>Knee problems</i>			
Maagsere/ <i>Stomach ulcers</i>			
Menstruele prob/ <i>Menstrual prob</i>			
Migraine			
Nekprobleme/ <i>Neck problems</i>			
Onderbeen pyne/ <i>Lower leg pains</i>			
Oorprobleme/ <i>Ear problems</i>			
Polsprobleme/ <i>Pulse problems</i>			
Porfirie/ <i>Porphyria</i>			
Rugprobleme/ <i>Back problems</i>			
Skouerprobleme/ <i>Shoulder probl</i>			
Sinusitis/ <i>Sinusitis</i>			
Spierbeserings/ <i>Muscle injuries</i>			
	JA	NEE	OPMERKINGS/COMMENTS

Tuberkulose/ <i>Tuberculosis</i>			
Suikersiekte/ <i>Diabetes</i>			
Velprobleme/ <i>Skin problems</i>			
Voetprobleme/ <i>Foot problems</i>			
Vroulike probleme/ <i>Female probl</i>			
Dra u bril of kontaklense / <i>Do you wear glasses/contact lenses?</i>			
Gebruik u vir enige rede chroniese medikasie/ <i>Are you using any chronicle medication?</i>			
Enige ander siektes nie genome/ <i>Any other illnesses?</i>			

Operasies / Operations:

Spesifiseer en dui die datum aan: *Specify the operation and indicate the date:*

Ek verklaar dat die bostaande inligting na die beste van my wete korrek is en dat geen inligting weerhou is nie. *I herewith declare that the above information is correctly completed and that no information was withheld.*

GETEKEN / SIGNED _____

DATUM / DATE: _____

GETUIE / WITNESS: _____

LW: Die Departement Sportwetenskap behou die reg voor om na bestudering van bovermelde inligting die student na 'n mediese praktisyn te verwys vir verdere toeligting.

NB: *The Sport Science Department reserve the right to refer the student to a medical practitioner after studying the above-mentioned information.*

DIE VOLTOOIDE VORM MOET SAAM MET JOU AANVULLENDE DOKUMENTASIE ELEKTRONIES OPGELAAI WORD BY "STATUS VAN AANSOEK" / THE COMPLETED DOCUMENT, TOGETHER WITH YOU OTHER DOCUMENTATION HAS TO BE UPLOADED ELCTRONICALLY AT "STATUS OF APPLICATION"