

EMERGENCY MEDICAL CARE

TRAINING OPPORTUNITY FOR KZN UNEMPLOYED YOUTH 2025 INTAKE



The KwaZulu-Natal Department of Health is offering Emergency Medical Care training for the unemployed youth interested in pursuing a tertiary qualification in the field of Emergency Medical Care. The successful candidates will be offered the opportunity to study a one (1) year Higher Certificate in Emergency Medical Care (HCert in EMC) at the KwaZulu Natal College of Emergency Care.

Reference No. **G01/2025**

PROGRAMME : HIGHER CERTIFICATE IN EMERGENCY MEDICAL CARE	
DURATION : 1 YEAR	MIN. CREDITS : 120
NQF LEVEL : 5	SAQA ID : 120401

ENTRY REQUIREMENTS:

A study opportunity is available for KZN youth

To register for the qualification, the candidate must comply with 1. Or 2. Or 3.

And:

- Minimum APS - 18
- Pass Medical Fitness examination
- Pass Physical Fitness assessment

1

Senior Certificate (prior 2008)

Must have at least a minimum of E symbol on Higher Grade or D symbol on Standard Grade For all of these subjects:

- English
- Mathematics
- Biology and / or Physical Sciences

2

National Senior Certificate with Higher Certificate endorsement

Must have these subjects and rating codes:

- English (3)
- Mathematics (3) or Mathematical Literacy (6)
- Life Sciences (3) and / or Physical Sciences (3)
- Additional Subject 1 (3)
- Additional Subject 2 (3)

3

National Certificate (Vocational)

Must have a minimum pass of 60% for these subjects

- English
- Mathematics
- Life Sciences and / or Physical Sciences

PLEASE NOTE : Life orientation (LO) is mandatory at L4 and above but will not be scored

ADDITIONAL REQUIREMENTS:

- Medical fitness evaluation
- Physical fitness evaluation
- Environmental fitness evaluation

The application must be submitted on the attached application form which can be obtained from any KZN Health Institutions and must be returned to any nearby HRD Office in KZN Health Institutions.

FOR MORE INFORMATION

PLEASE CONTACT

Mrs L Malinga

Tel: 031 203 0900

CLOSING DATE:

17 JANUARY 2025



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA



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Application for Training Opportunity Emergency Medical Care in KwaZulu-Natal Department of Health

A. THE ADVERTISED POST	
Occupation for which you are applying (as advertised)	Department where the position was advertised
Name of District	

B. PERSONAL INFORMATION				
Surname				
First Names				
Date of Birth				
ID number ²				
Race ³	<i>African</i>	<i>White</i>	<i>Coloured</i>	<i>Indian</i>
Gender ³			<i>FEMALE</i>	<i>MALE</i>
Do you have a disability? ³			<i>YES</i>	<i>NO</i>
Are you a South African Citizen?			<i>YES</i>	<i>NO</i>
If no, what is your Nationality				
And do you have a valid work Permit?			<i>YES</i>	<i>NO</i>
Have you ever been convicted of a criminal offence or been dismissed from employment?			<i>YES</i>	<i>NO</i>
If your profession or occupation requires State or official registration, provide date and particulars of registration.				

C. HOW DO WE CONTACT YOU	
Name of District Municipality Residing	
Name of Local Municipality and Ward	
Physical Address	Postal Code: _____
Postal Address	Postal Code: _____
Telephone/Cell Number	()

D. LANGUAGE PROFICIENCY – state ‘good’, ‘fair’ or ‘poor’

	Languages (specified)					
	Speak					
Read						
Write						

E. QUALIFICATIONS

Name of School / Technical College	Highest qualification obtained	Year Obtained
Subjects Passed		
Name of Subject	Symbol/Achievement Level	

DECLARATION

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.

Signature:

Date: