



## APPENDIX 2

### SA HEALTH NURSES AND MIDWIVES STUDY ASSISTANCE PROGRAM

#### Health Unit Supporting Statement

To be completed by the **Divisional Nursing / Midwifery Director**

I, (print name) \_\_\_\_\_

in my role as (position title) \_\_\_\_\_

have sighted and certified (insert applicant name) \_\_\_\_\_

previously known as (if applicable) \_\_\_\_\_

application and confirm that the above-named applicant meets all the terms and conditions and eligibility criteria as outlined in the SA Health Nurses and Midwives *Study Assistance Program* Prospectus and Frequently Asked Questions.

I also:

- > confirm that I have sighted the applicant's confirmation of enrolment and verify that it is an official document
- > agree when required to sign the applicant's 'Statement of Results' if they are unable to provide an Official Academic Transcript.

In submitting the Health Unit Supporting Statement, I confirm I have read the SA Health Nurses and Midwives Study Assistance Program Prospectus and Frequently Asked Questions and declare that the information above is to the best of my knowledge true, accurate and complete.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_