

THE SOUTH AFRICAN NURSING COUNCIL

NOTIFICATION OF COMPLETION OF COURSE

SURNAME _____

FULL CHRISTIAN NAMES _____

DATE OF COMPLETION _____

LEAVE GRANTED:

Type of Leave (e.g.
Sick, Vacation,
etc.) _____.

	<u>From</u>	<u>To</u>	<u>Period</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of School _____

Address of School _____

Date _____

Signature of Person in Charge of School