



SOUTH AFRICAN NURSING COUNCIL
NOTIFICATION OF COMPLETION OF TRAINING
EDUCATION AND TRAINING FOR THE COURSE LEADING
TO ENROLMENT AS A NURSE

(Government Notice No. R.2175 of 19 November 1993 (as amended))

- **This information must be provided by the Person in charge of the Nursing Education Institution**
- **Incomplete and incorrect forms will not be processed**

1. DETAILS OF THE NURSING EDUCATION INSTITUTION

Name (as approved by Council)	
Correspondence Number (S- File No.)	
Accreditation certificate number	
Physical address	Postal address
Postcode	Postcode
Telephone Number(s)	
Fax Number	
E-mail Address	

2. DETAILS OF PERSON IN CHARGE OF NURSING EDUCATION INSTITUTION

Name of Person In Charge of the Nursing Education	
SANC Reference Number	
Professional Qualifications (not academic qualifications)	

3. NAME OF UNIVERSITY OF AFFILIATION / ASSOCIATION (IN CASE OF COLLEGE OR NURSING SCHOOL)

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4. LEARNER DETAILS				FOR OFFICE USE
Surname				
Given Names in full (according to ID/Passport)				
SANC Reference Number				
SA Identity Document Number				
OR (if foreign)	Passport Number			
	Country of Issue			
Date of Commencement		(Year)	(Month)	(Day)
Date of Resumption(if applicable)		(Year)	(Month)	(Day)
Date of Completion		(Year)	(Month)	(Day)

**5. RECORD OF EDUCATION AND TRAINING
(N.B. TRANSLATE COUNCIL PERIOD TO HOURS)**

5.1. Total Theory	Prescribed Periods & Hours		Achieved Hours	For office use
	By SANC	NEI		
1st year				
- Nursing History & Ethics				
- Elementary Anatomy and Physiology				
- Basic Nursing Care				
- Elementary Nutrition				
- First Aid				
- Introduction to Comprehensive Health care				
Total				
2nd year				
- Anatomy and Physiology				
- Applied Social Science				
- Nutrition				
- Aspects related to ward organisation				
- Medicine and medication				
- Basic Nursing Care and Professional practice/Basic Nursing Care of the aged and Professional Practice/Basic Nursing Care of Mentally retarded persons and Professional practice/Basic Nursing Care in the Community and Professional practice/Basic Psychiatric Nursing Care and Professional practice (delete if not applicable)				
Total				

5.2 PRACTICA

5.2.1 Practice area	Approved	Achieved Hours		Total	For office use
		Day	Night		
<i>Minimum Requirement = 2000min</i>					
Medical Ward					
Surgical Wards					
Paediatric Wards					
Casualty & Out Patients Department					
Operating Theatre					
Community Health Care centres/Clinics					
If applicable: - Mentally retarded units - Old age homes - Psychiatric units (delete if not applicable)					
Other (specify)					
Total					

5.3 ASSESSMENT OUTCOMES: YEAR MARK

Theory	Practica	For office use

6. APPROVED / ACCREDITED CLINICAL FACILITY USED FOR PLACEMENT

Name of Clinical Facilities	For Office Use
Other (e.g. Day Visits)	

7. LEAVE GRANTED			For Office Use
TYPE OF LEAVE (vacation, sick, etc.)	FROM (Full dates)	TO (Full dates)	

Declaration that a learner has met the educational requirements to be registered as an Enrolled Nurse**Learner details**

Surname _____
 Given names in full _____
 SANC reference number _____
 South African identity document number _____
 OR Passport number _____
 Country of issue _____

Training details(*)

Name of Institution: _____

Date of commencement	Year: _____	Month: _____	Day: _____
Date of completion	Year: _____	Month: _____	Day: _____

Declaration by Person in charge of nursing education programme

I hereby declare that the aforementioned learner:

- Has complied with all the prescribed minimum education and training programme requirements for registration as an Enrolled Nurse in terms of Government Notice No. R.2175 of 19 November 1993 (as amended); and
- Has been assessed and found to have the required competencies as per the prescribed teaching guide to practice in accordance with the prescribed scope of practice of an Enrolled Nurse.

I further declare that:

- The information provided is accurate and based on the authentic education and training records of the said learner;
- All the education and training of the learner were accurately recorded for the duration of the programme;
- The nursing education institution has in its possession all the original education and training records, including but not limited to assessment and clinical records;
- There is no evidence that such training records were tampered with or are in any way fraudulent; and
- In the event that any tampering of the record or fraudulent records are detected after this declaration is made, I undertake to immediately notify the Council thereof in writing.

I fully understand the meaning and implications of this declaration(**)

Full names (Print) _____
 Designation _____
 SANC reference number _____
 Signature _____
 Date _____

Declaration by Person in charge of nursing education institution

I declare that the information provided is accurate and based on the authentic education and training records of the said learner.

I fully understand the meaning and implications of this declaration(**)

Full names (Print) _____
 Designation _____
 SANC reference number _____
 Signature _____
 Date _____

Affix Stamp of the Nursing Education Institution here

(*) Any entry into the register made in error or through misrepresentation will be deleted/removed from the register.

(**) Any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of sections 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).