

# The South African Nursing Council

Established under the Nursing Act, 1978 as amended.

## APPLICATION FOR A POSITION

STRICTLY CONFIDENTIAL

Please complete this form in your own handwriting. If the space allowed for any item is inadequate, an annexure may be attached. Certified copies of certificates and testimonials to be attached.

**1. Position being applied for:**

.....

**2. Personal details:**

Surname: .....

Given names: .....

Residential address: .....

.....

..... Postcode: .....

Postal address .....

.....

..... Postcode: .....

Telephone no: home ..... work .....

E-mail: ..... Fax: .....

May we contact you at work? (Yes/No) .....

Nationality: ..... Place of birth: .....

Date of birth: ..... Identity number: .....

Sex? (Male/Female) .....

Driving licence code: .....

SARS reference number: .....

Marital status:

Unmarried	Married	Widowed	Divorced
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**3. Education details:**

Full details of school leaving qualification:

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.....  
.....

Details of post-matric qualifications:

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.....  
.....  
.....

Other Qualifications:

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.....  
.....

Computer Courses

.....  
.....  
.....

**4. Languages that you speak or write:**

Language	Speak (Yes/No)	Write (Yes/No)

**5. Leisure activities, hobbies, sport:**

.....  
.....  
.....

**6. Two References:**

- 1) Name: ..... Position: .....  
Company/organization: .....  
Address: .....  
Telephone number: .....
  
- 2) Name: ..... Position: .....  
Company/organization: .....  
Address: .....  
Telephone number: .....

**7. Next of kin (not living at the same address as the applicant):**

Name: ..... Relationship: .....  
Address: .....  
Telephone number: .....

**8. Dependent children:**

Boy/ Girl	Name	Age	Boy/ Girl	Name	Age	Boy/ Girl	Name	Age

**9. Additional information:**

Have you previously been employed by the Council? (Yes/No) .....

If so, state period(s):

From: ..... To: .....  
.....

Are any of your friends or relatives employed by the Council? (Yes/No) .....

If so, state their names and relationship:

.....  
.....

**10. CAREER PARTICULARS. (State position occupied most recently first)**

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Present monthly salary R ..... Pension Coverage Yes/No ..... Medical Aid .....

Bonus R ..... Leave ..... Work / Calendar days per annum

Employer's name and address	Dates of service: month and year		Last position occupied	Short description of most important tasks and responsibilities	Reason for leaving	Name of Supervisor	For office use only
	From	To					

State approximate basic salary required R ..... per month

Date of availability .....

**I declare that the information stated in this form is true and correct.**

**Signature .....**

**Date .....**