



South African Nursing Council

(Established under the Nursing Act, 2005)

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 Telephone 012 420-1000
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APPLICATION FOR RE-ASSESSMENT

CANDIDATE'S PERSONAL DETAILS:

SURNAME : _____

NAMES (In full) : _____

EXAMINATION NUMBER : _____

SANC REFERENCE NUMBER: _____

TEL. /CELL. NUMBER : _____

E-MAIL ADDRESS/FAX NO. : _____

[PLEASE NOTE: Re-assessment results are not sent by SMS/ post; please provide a valid E-mail address/ Fax number]

I hereby apply for re-assessment of my examination answer book(s) for the following examination:

Held in _____ (Month and Year only)

I certify that the above stated information is correct.

DATE: _____ CANDIDATE'S SIGNATURE: _____

INSTRUCTIONS:

1. THE FEE OF **R850.00** PER PAPER MUST ACCOMPANY THIS FORM (NON-REFUNDABLE)
2. THIS FORM AND THE FEE MUST REACH THE SANC ON OR BEFORE THE CLOSING DATE AS STIPULATED IN THE COVERING LETTER ACCOMPANYING THE EXAMINATION RESULTS, AS SENT TO THE NURSING EDUCATION INSTITUTION.
3. CANDIDATE TO APPLY FOR RE-ASSESSMENT OF *THEORY* ONLY.
4. THE MARKS ALLOCATED TO A CANDIDATE UPON RE-ASSESSMENT SHALL BE FINAL AND BINDING.
5. BANKING DETAILS: **FNB 51425166282 (CURRENT ACCOUNT)** – BRANCH CODE: **253145**
REFERENCE: SANC REFERENCE NUMBER, FOLLOWED BY **REMAFEE**
6. PLEASE E-MAIL THE FULLY COMPLETED FORM TO: exams@sanc.co.za