

South African Nursing Council

(Established under the Nursing Act, 2005)

602 Pretorius Street, Arcadia, Pretoria, 0083
 Private Bag X132, Pretoria, 0001
 Telephone (012) 420-1000
 Fax (012) 343-5400 (24-hour line)



Notification of TERMINATION of a course

Personal Details:

S. A. Nursing Council Reference Number																				
Title (tick ✓ one box)	Dr	Mr	Ms	Prof	NOTE: The application form must be accompanied by the termination records. Failure to submit these records will result in an unprocessed application.															
Surname																				
Given Names (in full)																				
Maiden Name (if applicable)																				
Gender (tick ✓ one box)	Female									Male										
Date of Birth (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D										
South African Identity Number																				
OR alternatively, for those applicants who do not have a South African Identity Number:																				
- Passport Number																				
- Passport Country of Issue																				
- Passport Expiry Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D										

Leave granted:

Type (eg. vacation / sick)	From	To	Period

Qualification Details:

Nursing Education Institution Number (<u>only</u> for South African institutions)																				
Name of Nursing Education Institution																				
Name of Course TERMINATED																				
Reason for termination																				
Termination Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D										
Name and Signature of Head of Nursing Education Institution																				

NEI Stamp
