



# 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)

## Application for registration in the category Community Service (Applicants who obtained their qualification outside of South Africa)

**Instructions:**

1. This form is to be used **only** by applicants who obtained their qualification outside of South Africa.
2. Please complete **all required information** using a ballpoint pen.
3. **Print** all information clearly.
4. This form must **only** be submitted to the Nursing Council if and when you are requested to do so by the Council – this will be determined after the Council has evaluated your qualification.

**Personal Details:**

S. A. Nursing Council Reference Number													<p><b>NOTE:</b></p> <p>The details entered here must correspond exactly with the details shown in your South African Identity Document or your passport.</p>	
Title (tick ✓ one box)		Dr			Mr			Ms			Prof			
Surname														
Given Names (in full)														
Maiden Name (if applicable)														
Sex (tick ✓ one box)		Female						Male						
Date of Birth (yyyy-mm-dd)		Y	Y	Y	Y	-	M	M	-	D	D			
South African Identity Number														
<b>OR</b> 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			

**Postal Address:**

					<p><b>NOTE:</b> Enter your home postal address – to be recorded in the register.</p> <p>Do not use the address of the health establishment where you will be performing community service.</p>									
Postal Code														

**Residential Address (if different):**

					<p><b>NOTE:</b> Enter your home residential address here <u>only</u> if it is different to your postal address.</p> <p>Do not use the address of the health establishment where you will be performing community service.</p>									
Postal Code														

**Address to which your registration certificate should be posted (if different):**

					<p><b>NOTE:</b> Enter the postal address to which your registration certificate and/or any correspondence in connection with this application should be sent.</p> <p>The address details entered here will <u>not</u> be recorded in the register.</p>
Postal Code					

**Contact Details:**

Telephone Number (home)														
Telephone Number (work)														
Cellular phone Number														
Fax Number														
E-mail Address														

**Qualification Details:**

Country where Qualification Issued														
Name of Nursing Education Institution														
Name of Qualification														
Date Qualification Issued	(yyyy-mm-dd)				Y	Y	Y	Y	-	M	M	-	D	D
Name of Regulatory body in Country where issued														
Details of Legislation (under which qualification was issued – if applicable)														

**Details of Community Service:**

Name of Health Establishment (where Community Service will be performed)														
Name of Town / City														
Province														
Date of Commencement of Community Service	(yyyy-mm-dd)				Y	Y	Y	Y	-	M	M	-	D	D

**Signed by Applicant:**

I certify that the information provided in this application is true and correct														
Signature														
Date	(yyyy-mm-dd)				Y	Y	Y	Y	-	M	M	-	D	D

**Please Note** that when this form is submitted to the Nursing Council it must be accompanied by the following items:

1. Certified copy of applicant's identity document or passport
2. Registration fee of R380-00<sup>(\*)</sup> (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use the SANC number followed immediately by **REGFPRA** as reference.

<sup>(\*)</sup> The abovementioned fee applies from **01 January 2019**. For payments received by the Council before this date, the fee is R360-00.

FOR OFFICE USE ONLY			
<b>Check</b>		Card	
		Cash	
		Cheque	
		Direct deposit	