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 Enrolment as a Nursing Auxiliary OR Application for Enrolment as a Nurse

Personal Details:

SA Nursing Council Reference Number																	
Title (*tick ✓ one box*)	Dr		Mr		Ms		Prof										
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							

NOTE:

The application form must be accompanied by the Notice of Termination and the Record of Training. Failure to submit these records will result in an unprocessed application.

Contact Details:

Postal Address																	
Contact number (cell phone) +	(			)				–				–					
Contact number (work)	(							)				–					

Qualification Details:

Qualification (*tick ✓ one box*)	Nursing Auxiliary	Enrolled Nurse
Name of Training Institution		

Banking Details:

Name of Bank	FIRST NATIONAL BANK
Account Number	514 2118 6193
Branch Code	25 15 45
Fax proof of payment to	(012) 426 9516

Amount Payable for Certificate	**R380.00**
Signature of Applicant	
Date	