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 (cellphone) +	(			)				–				–							
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	**360.00**
Signature of Applicant	
Date	