



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 of an Additional Qualification

Personal Details:

SA Nursing Council Reference Number																				
Title (tick ✓ one box)	Dr	Mr		Mrs		Prof														
Surname																				
Given Names (in full)																				
Maiden Name (if applicable)																				
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										

Contact Details:

Postal Address (address for all correspondence)																				
Contact number +	()															
E-mail address																				

Qualification Details:

Qualification (as stated on Certificate/Diploma)																				
Name of Training Institution																				
Date of completion of course (yyyy-mm-dd)					-			-												

Payment Details:

Name of Bank	FIRST NATIONAL BANK
Account Number	514 2118 6193
Branch Code	25 15 45
Amount Payable for Certificate	R380.00
Fax proof of payment to	(012) 426 9516

Signature of Applicant																				
Date (yyyy-mm-dd)					-			-												