

# 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	Ms	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																				
<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										

### Contact Details:

Postal Address (address for all correspondence)																				
Contact number	(				)															
Email 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	<b>360.00</b>
Fax proof of payment to	(012) 426 9516

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