



# SOUTH AFRICAN NURSING COUNCIL

## NOTIFICATION OF COMPLETION OF TRAINING

### EDUCATION AND TRAINING FOR THE DIPLOMA IN PSYCHIATRIC NURSING FOR REGISTRATION AS A PSYCHIATRIC NURSE

*Government Notice No. R.880 of 2 May 1975 (as amended)*

- This information must be provided by the Person in charge of the Nursing Education Institution
- Incomplete and incorrect forms will not be processed

#### 1. DETAILS OF THE NURSING EDUCATION INSTITUTION

Name ( as approved by Council)	
Correspondence Number (S- File No.)	
Accreditation certificate number	
Physical address	Postal address
Postcode	Postcode
Telephone Number(s)	
Fax Number	
E-mail Address	

#### 2. DETAILS OF PERSON IN CHARGE OF NURSING EDUCATION INSTITUTION

Name of Person In Charge of the Nursing Education	
SANC Reference Number	
Professional Qualifications (not academic qualifications)	

#### 3. NAME OF UNIVERSITY OF AFFILIATION / ASSOCIATION (IN CASE OF COLLEGE OR NURSING SCHOOL)

--

4. LEARNER DETAILS				FOR OFFICE USE
Surname				
Given Names in full (according to ID/Passport)				
SANC Reference Number				
SA Identity Document Number/				
<b>OR</b> <b>(if</b> <b>foreign)</b>	Passport Number			
	Country of issue			
Date of Commencement	(Year)	(Month)	(Day)	
Date of Resumption (if applicable)	(Year)	(Month)	(Day)	
Date of Completion	(Year)	(Month)	(Day)	

**5. RECORD OF EDUCATION AND TRAINING  
(N.B. TRANSLATE COUNCIL PERIOD TO HOURS)**

5.1. Total Theory	Prescribed Periods & Hours		Achieved Hours	For office use
	By SANC	NEI		
- Orientation to Psychiatric, Mental health Act and other legislation, classification of mental illness				
- General Symptomatology and Nursing Care				
- Therapeutic Methods				
- Mental retardation				
- Psychiatric Facilities in Communities				
- Comprehensive Community Care				
- Medico-legal risks				
- Ward Administration, Clinical Teaching and Professional Practice				
- Other (specify)				
<b>Total</b>				

**5.2 PRACTICA**

5.2.1 Practice area	Approved	Achieved Hours		Total	For office use
		Day	Night		
<i>Minimum total = 960hours</i>					
Therapy for the mentally Retarded					
Admission (Acute Care)					
Long-term and Security Units					
Children and Adolescents					
Geriatric Nursing					
Community & Rehabilitation					
Occupational & Recreational Services					
Other (specify)					
<b>Total</b>					



**Declaration that a learner has met the educational requirements to be registered as a Psychiatric Nurse****Learner details**

Surname \_\_\_\_\_  
 Given names in full \_\_\_\_\_  
 SANC reference number \_\_\_\_\_  
 South African identity document number \_\_\_\_\_  
 OR Passport number \_\_\_\_\_  
 Country of issue \_\_\_\_\_

**Training details(\*)**

Name of Institution: \_\_\_\_\_

Date of commencement	Year: _____	Month: _____	Day: _____
----------------------	-------------	--------------	------------

Date of completion	Year: _____	Month: _____	Day: _____
--------------------	-------------	--------------	------------

**Declaration by Person in charge of nursing education programme**

I hereby declare that the aforementioned learner:

- Has complied with all the prescribed minimum education and training programme requirements for registration as a Psychiatric Nurse in terms of Government Notice No. R.880 of 2 May 1975 (as amended); and
- Has been assessed and found to have the required competencies as per the prescribed teaching guide to practice in accordance with the prescribed scope of practice of a Registered Nurse.

I further declare that:

- The information provided is accurate and based on the authentic education and training records of the said learner;
- All the education and training of the learner were accurately recorded for the duration of the programme;
- The nursing education institution has in its possession all the original education and training records, including but not limited to assessment and clinical records;
- There is no evidence that such training records were tampered with or are in any way fraudulent; and
- In the event that any tampering of the record or fraudulent records are detected after this declaration is made, I undertake to immediately notify the Council thereof in writing.

I fully understand the meaning and implications of this declaration(\*\*)

Full names (Print) \_\_\_\_\_  
 Designation \_\_\_\_\_  
 SANC reference number \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**Declaration by Person in charge of nursing education institution**

I declare that the information provided is accurate and based on the authentic education and training records of the said learner.

I fully understand the meaning and implications of this declaration(\*\*)

Full names (Print) \_\_\_\_\_  
 Designation \_\_\_\_\_  
 SANC reference number \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Affix Stamp of the Nursing Education Institution here

(\*) Any entry into the register made in error or through misrepresentation will be deleted/removed from the register.

(\*\*) Any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of sections 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).