



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 in the category Community Service (Applicants who obtained their qualification outside South Africa)

Instructions:

1. This form is to be used **only** by applicants who obtained their qualification outside South Africa.
2. Please complete all required information using a ballpoint pen.
3. Print all information clearly
4. This form must **only** be submitted to the Nursing Council if and when you are requested to do so by the Council – this will be determined after the Council has evaluated your qualification.

Personal Details:

S. A. Nursing Council Reference Number											NOTE: The details entered here must correspond exactly with the details shown in your South African Identity Document or your passport.					
Title (tick ✓ one box)	Dr	Mr	Ms	Prof												
Surname																
Given Names (in full)																
Maiden Name (if applicable)																
Sex (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						

Postal Address:

	NOTE: Enter your home postal address – to be recorded in the register. <u>DO NOT</u> use the address of the health establishment where you will be performing community service.
Postcode	

Residential Address (if different):

	NOTE: Enter your home residential address here <u>only</u> if it is different to your postal address. <u>DO NOT</u> use the address of the health establishment where you will be performing community service.
Postcode	

Address to which your registration certificate should be posted (if different):

					<p>NOTE: Enter the postal address to which your registration certificate and/or any correspondence in connection with this application should be sent.</p> <p>The address details entered here will <u>not</u> be recorded in the register.</p>
Postcode					

Contact Details:

Telephone Number (home)														
Telephone Number (work)														
Cellphone Number														
Fax Number														
E-mail Address														

Qualification Details:

Country Where Qualification Issued														
Name of Nursing Education Institution														
Name of Qualification														
Date Qualification Issued	(yyyy-mm-dd)				Y	Y	Y	Y	-	M	M	-	D	D
Name of Regulatory Body in Country Where Issued														
Details of Legislation (under which qualification was issued – if applicable)														

Details of Community Service:

Name of Health Establishment (where Community Service will be performed)														
Name of Town / City														
Province														
Date of Commencement of Community Service	(yyyy-mm-dd)				Y	Y	Y	Y	-	M	M	-	D	D

Signed by Applicant:

I certify that the information provided in this application is true and correct														
Signature														
Date	(yyyy-mm-dd)				Y	Y	Y	Y	-	M	M	-	D	D

Please note that when this form is submitted to the Nursing Council it must be accompanied by the following items:

1. Certified copy of applicants identity document or passport
2. Registration fee of R360-00^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by **REGFPRA** as reference.

^(*) The abovementioned fee applies from **1 January 2018**. For payments received by the Council before this date, the fee is R340-00.

FOR OFFICE USE ONLY			
Check		Card	
		Cheque	
		Direct deposit	
		Other	