



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 as a Learner Nurse / Midwife

Instructions: Please complete all required information using a ballpoint pen and print clearly.

PROGRAMME TO BE FOLLOWED

Place a tick (☑) in the box next to the programme to be followed:

	R.425	Four-year Programme in Nursing and Midwifery	138
	R.880	One-year Psychiatric Nursing	110
	R.254	One-year Midwifery	111
	R.683	Bridging Programme – General Nursing	141
	R.683	Bridging Programme – Psychiatric Nursing	142
	R.48	Clinical Nursing Science, Health Assessment, Treatment and Care	121
	R.276	Community Nursing Science	124
	Other	(Please specify)	

FOR OFFICIAL USE ONLY	
Fees paid	
Yes	No
Certificate number	
Date of certificate	

PERSONAL DETAILS OF LEARNER

(Please write your names <u>exactly</u> as they appear in your identity document.)				S A Nursing Council reference number (if you already have one)			
Surname (family name)				Postal address			
Given names (in full)							
Maiden name (if applicable)							
Date of birth		Year	Month	Day		Postcode	
S A Identity number				Residential address (physical address at HOME)			
(*) The following passport information is required <u>ONLY</u> if you do not have a South African identity document.							
OR (*) Passport number							
(*) Country of issue				Postcode			
Gender (tick one block)		Female		Male		Mobile phone number ()	
Highest educational standard		School grade		Other		Home phone number ()	
Email address				Fax number ()			

DETAILS OF PROGRAMME TO BE FOLLOWED

Name of Nursing Education Institution									
Date of commencement/resumption of training		Year	Month	Day	Which year of the programme will you be entering? (tick one block)	1 st Year	2 nd Year	3 rd Year	4 th Year

Please turn over – form continues overleaf

SANC-4-26 ver.7 (2018-01-01)

APPLICATION FOR REGISTRATION AS LEARNER NURSE / MIDWIFE – PAGE 2

LEARNER STATISTICAL INFORMATION (unless otherwise indicated, mark **ONE** block in each section with a cross "X")

Province in which you live	Eastern Cape	EC		Mpumalanga	MP	
	Free State	FS		Northern Cape	NC	
	Gauteng	GP		North West	NW	
	KwaZulu Natal	KZN		Western Cape	WC	
	Limpopo	LP				
Employment equity code <i>(Department of Labour codes)</i>	Black African	BA		Indian/Asian	IA	
	Coloured Person	CP		White	WH	
Nationality	South Africa	SA		Zaire	ZAI	
	Angola	ANG		Zambia	ZAM	
	Botswana	BOT		Zimbabwe	ZIM	
	Lesotho	LES		Rest of Africa	ROA	
	Malawi	MAL				
	Mauritius	MAU		Asian Countries	AIS	
	Mozambique	MOZ		Australia and New Zealand	AUS	
	Namibia	NAM		Central and South American	SOU	
	Seychelles	SEY		European Countries	EUR	
	Swaziland	SWA		North American Countries	NOR	
	Tanzania	TAN		Other and rest of Oceania	OOO	
Home language <i>(Predominantly used home language if more than one)</i>	Afrikaans	AFR		Sesotho	SES	
	English	ENG		Setswana	SET	
	isiNdebele	NDE		siSwati	SWA	
	isiXhosa	XHO		South African Sign Language	SASL	
	isiZulu	ZUL		Tshivenda	TSH	
	Sepedi	SEP		Xitsonga	XIT	
	Other Please specify:				OTH	
Resident status	SA Citizen	SA		SA Permanent Resident	PR	
	Dual (SA plus other)	DU		Other	OT	
	Please specify other:			Please specify		
Socioeconomic status	Employed – on study leave				01	
	Not working – student				06	
Disability status <i>(If necessary, please select more than one item under this section)</i>	None				00	
	Sight	<i>(experience problems even when wearing glasses / contact lenses)</i>			01	
	Hearing	<i>(experience problems even when wearing hearing aid or with implant)</i>			02	
	Communication	<i>(talking / listening)</i>			03	
	Physical	<i>(moving / standing / grasping)</i>			04	
	Intellectual	<i>(difficulties in learning / retardation)</i>			05	
	Emotional	<i>(behavioural or psychological)</i>			06	
	Other	<i>(not mentioned above)</i>			09	

Please turn over – form continues overleaf

DECLARATION BY LEARNER

Answer these four questions with a definite "YES" or "NO" by making a tick (☑) in the appropriate block. If the reply to any of the questions is "YES", full particulars must be submitted together with the application.

WARNING:

An incorrect answer to any of these questions could lead to professional conduct action being taken against you. If you are in doubt as to how to answer one or more of these questions, please contact the Council for assistance.

1. Are you now, or have you previously been, registered or enrolled with the South African Nursing Council as a Nurse / Midwife / Nursing Auxiliary?	YES	NO
2. Are you now, or have you previously been, registered or enrolled with the South African Nursing Council as a Student Nurse / Midwife or as a Pupil Nurse / Nursing Auxiliary ?	YES	NO
3. Have you ever been found guilty of an offence in any country?	YES	NO
4. Is a charge of an offence pending against you in any country?	YES	NO

I certify that the information on this application form is true and correct.

Signature of applicant	Date / /	Total amount paid R ,
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A certified copy of your **identity document or passport** (the details of which are reflected in this application) and your **school leaving certificate** must be submitted together with this application. If either of these two documents is in a language which is not an official language of South Africa, a sworn translation of the document, made by a certified translator, must accompany the document.

FEES PAYABLE

The fee payable by the learner for registration is **R230-00**. This amount must be paid / deposited into the Council's bank account by the Nursing Education Institution on behalf of the learner. Use the NEI's number followed immediately by the payment type code **REGFLEN** as reference for the payment.

The above amount is correct from **1 January 2018** and includes VAT at 14%. Payments received by the Council before this date will be charged at the old rate.

N.B.: Documents to be submitted within 2 months (60 days) of commencement date of training.

A penalty fee of **R720-00** per applicant will be levied on the NEI for **late submission** of learner documents.

DECLARATION BY DESIGNATED PERSON IN CHARGE OF EDUCATION AND TRAINING

I certify that I have checked this application for completeness and accuracy and to the best of my knowledge it is true and correct (based on the information supplied to me).

Signature of designated person in charge of education and training	Date / /
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Stamp of Nursing Education Institution:

<p>S A Nursing Council – Contact Details</p> <p>The Registrar South African Nursing Council Private Bag X132 PRETORIA 0001</p> <p>Tel: 012 420-1000 Fax: 012 343-5400 (24-hour) Email: registrar@sanc.co.za Website: www.sanc.co.za</p>
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