



**South African Nursing Council**  
Regulating nursing, advocating for the public

## Annexure A: Student Registration Form

### APPLICATION FOR REGISTRATION AS A STUDENT

Instructions: Please complete all required information

PROGRAMME TO BE FOLLOWED	COURSE CODE	TICK (✓) THE RELEVANT BOX
HIGHER CERTIFICATE IN NURSING		
DIPLOMA IN NURSING		
ADVANCED DIPLOMA IN MIDWIFERY		
BACHELOR OF NURSING		

#### PERSONAL DETAILS OF LEARNER

<i>(Please write your names <u>exactly</u> as they appear in your identity document.)</i>				S A Nursing Council reference number <i>(if you already have one)</i>			
Surname <i>(family name)</i>				Postal address			
Given names <i>(in full)</i>							
Maiden name <i>(if applicable)</i>							
Date of birth	Year	Month	Day	Postcode			
S A Identity number				Residential address (physical address at HOME)			
<i>(*) The following passport information is required <u>ONLY</u> if you do not have a South African identity document.</i>							
<b>OR</b> <i>(*)</i> Passport number							
<i>(*)</i> Country of issue				Postcode			
Gender <i>(tick one block)</i>	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? <i>(tick one block)</i>	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year

**LEARNER STATISTICAL INFORMATION**

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

<b>Province in which you live</b>	Eastern Cape	EC		Mpumalanga	MP
	Free State	FS		Northern Cape	NC
	Gauteng	GP		North West	NW
	KwaZulu Natal	KZN		Western Cape	WC
	Limpopo	LP			
<b>Employment equity code</b> <i>(Department of Labour codes)</i>	Black African	BA		Indian/Asian	IA
	Coloured Person	CP		White	WH
<b>Nationality</b>	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	OOC
	<b>Home language</b>  (Predominantly used home language if more than one)	Afrikaans		AFR	
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	
<b>Resident status</b>	SA Citizen	SA		SA Permanent Resident	PR
	Dual (SA plus other)	DU		Other	OT
	Please specify other:			Please specify	
<b>Socioeconomic status</b>	Employed – on study leave				01
	Not working – student				06
<b>Disability status</b>  (If necessary, please select more than one item under this section)	None				00
	Sight	(experience problems even when wearing glasses / contact lenses)			01
	Hearing	(experience problems even when wearing hearing aid or with implant)			02
	Communication	(talking / listening)			03
	Physical	(moving / standing / grasping)			04
	Intellectual	(difficulties in learning / retardation)			05
	Emotional	(behavioural or psychological)			06
Other	(not mentioned above)			09	

**DECLARATION BY STUDENT**

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 disciplinary action 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 currently registered with Council as a Professional nurse or General nurse with Midwifery	YES	NO
2. Have you been terminated from training? If yes attach Notice of termination from previous NEI	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
5. Are you studying this course full time	YES	NO

**NB. IF YOU HAVE ANSWERED YES ON SECTION 3 AND 4 UNDER DECLARATION, PROVIDE THE DETAILS IN SEPARATE PAGE AND THE REPORT SHOULD ADDRESS THE WHAT, WHERE, WHEN, HOW, WHO AND WHY**

## ATTACHMENTS

The application should be accompanied by the following certified documents:

1. A certified copy of your **identity document or passport** (the details of which are reflected in this application)
  2. National Senior Certificate OR
  3. Mature age conditional exemption
  4. In case of international students, a SAQA evaluation certificate should be accompanied by the equivalent of the national senior certificate and study permit
  - 5 A marriage certificate or affidavit in case of inconsistency in the names of the applicant
- If either of the above 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.

## DECLARATION BY THE STUDENT

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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## FEES PAYABLE

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

The student registration fee is correct from **1 January every year** and VAT inclusive. Payments received by the Council before this date will be charged at the old rate.

**N.B.: An application must be submitted within 1 month (30 days) of commencement date of education and training.**

A penalty fee per applicant will be levied on the NEI for **late submission** of student application.

**INCORRECT AND INCOMPLETE FORMS WILL NOT BE ACCEPTED**

**DECLARATION BY DESIGNATED PERSON IN CHARGE OF NURSING EDUCATION AND TRAINING INSTITUTION**

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).

**NB: 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).**

<b>Signature of the designated person in charge of education and training</b>	Date            /            /
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*Affix the NEI Stamp in the block below:*

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