

## Annexure C: Application for registration as a Midwife

### APPLICATION FOR REGISTRATION OF A QUALIFICATION IN MIDWIFERY

#### Personal Details:

SA Nursing Council Reference Number																				
Title <i>(tick <input type="checkbox"/> one box)</i>	Dr		Mr		Mrs	Ms	Prof													
Surname																				
Given Names (in full)																				
Maiden Name (if applicable)																				
Date of Birth <i>(yyyy-mm-dd)</i>	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 <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D										

#### Contact Details:

Postal Address (address for all correspondence)																			
Contact number (mobile number)	(				)														
E-mail address																			

#### Qualification Details:

Qualification (as stated on the Diploma certificate issued by the NEI)																			
Name of Training Institution																			
Date of completion of course <i>(yyyy-mm-dd)</i>					-			-											
<b>Licensure examination</b> Have you written and passed the licensure examination:	YES									NO									

#### Payment Details:

Name of Bank	FIRST NATIONAL BANK
Account Number	514 2118 6193
Branch Code	25 15 45
Amount Payable for Certificate	Check Board notice issued by SANC for applicable fees
Fax proof of payment to	(012) 426 9516

<b>Signature of Applicant</b>											
Date <i>(yyyy-mm-dd)</i>					-			-			