



# South African Nursing Council

(Under the provisions of the Nursing Act, 2005)

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602 Pretorius Street, Arcadia,  
Pretoria, 0083

## FOREIGN REGISTRATIONS

### APPLICATION FOR REGISTRATION

PERSONAL DETAILS:																	
S A Nursing Council reference number <i>(if you already have one from a previous application)</i>										1							
<i>(Please write your names exactly as they appear in your identity document or passport)</i>																	
Surname <i>(family name)</i>																	
Given names <i>(in full)</i>																	
Maiden name <i>(if applicable)</i>																	
Title <i>(tick one block)</i>				Ms			Mr			Dr			Prof				
Date of Birth						Year			Month			Day					
Country of Citizenship																	
Current S A Residential Status <i>(tick one block)</i>				S A Citizen			Resident			Refugee			Asylum Seeker				
S A Identity Number																	
<sup>(*)</sup> The following passport/permit information is required <u>ONLY</u> if you do not have a South African identity document.																	
OR <sup>(*)</sup> Passport Number																	
OR <sup>(*)</sup> Passport Country of Issue																	
OR <sup>(*)</sup> S A Refugee/Asylum Seeker Permit Number																	
Gender <i>(tick one block)</i>						Female				Male							
Postal Address																	
				Postcode													
Residential Address <i>(physical address at HOME)</i>																	
				Postcode													
Mobile Phone Number																	
Home Phone Number																	
Fax Number																	
Email Address																	

ALTERNATIVE CONTACT DETAILS													
Name of alternative contact person													
Relationship													
Mobile Phone Number													
Home Phone Number													
Email Address													

PURPOSE OF APPLICATION						
Indicate the purpose for your application <i>(tick one block)</i>		Employment	Study	Elective practica	Voluntary Service	Research

IF YOUR APPLICATION IS BASED ON NURSING OR MIDWIFERY QUALIFICATIONS OBTAINED OUTSIDE SOUTH AFRICA, YOU MUST FILL IN A COPY OF THIS PAGE IN RESPECT OF EACH SUCH QUALIFICATION

**FOREIGN QUALIFICATION DETAILS**  
(ONE PER PAGE)

**DETAILS OF INSTITUTION WHERE THE QUALIFICATION WAS ACHIEVED**

<b>Name of Institution where nursing/ midwifery qualification was achieved</b>	
<b>Country where located</b>	
<b>Postal Address</b>	
<b>Physical Address</b> <i>(i.e. Courier address)</i>	
<b>Telephone Number</b>	
<b>Fax Number</b>	
<b>Email Address</b>	

**DETAILS OF THE QUALIFICATION**

<b>Name of Nursing/Midwifery Programme Followed by the Applicant</b>			
<b>Language of Instruction</b>			
<b>Commencement Date</b>	<b>Year</b>	<b>Month</b>	<b>Day</b>
<b>Completion Date</b>	<b>Year</b>	<b>Month</b>	<b>Day</b>

**AUTHORIZED REGULATORY BODY DETAILS**

<b>Name of Regulatory Body where your Nursing/Midwifery Qualification is Registered</b>			
<b>Country</b>			
<b>Postal Address</b>			
<b>Physical Address</b> <i>(i.e. Courier address)</i>			
<b>Contact Person</b> <i>(e.g. Registrar)</i>			
<b>Telephone Number(s)</b>			
<b>Fax Number(s)</b>			
<b>Email Address</b>			
<b>Registration</b> <i>(name of capacity/qualification, etc.)</i>			
<b>Date Registered</b>	<b>Year</b>	<b>Month</b>	<b>Day</b>
<b>Certificate Number</b>			

CONFIRMATION OF GOOD STANDING				
Are you currently licensed to practise in any country?				
If YES,	Which Country?			
	Licence Number			
	Expiry Date of Licence	Year	Month	Day
Postal Address				
Name of Practice Area <i>(e.g. General, Midwifery, etc.)</i>				
Have you ever been convicted of an offence in any country?		(*)		
Is there a charge of an offence pending against you in any country?		(*)		
Have you ever been found guilty of professional misconduct in any country?		(*)		
Is a charge of professional misconduct pending against you in any country?		(*)		
		(*) <i>If the answer to any of these questions is "Yes", detailed information must be submitted on a separate sheet together with the application.</i>		

DECLARATION BY THE APPLICANT
<p>I (full names and surname) .....</p> <p>the applicant whose details appear on the first page DECLARE THAT:</p> <ul style="list-style-type: none"> <li>• I have studied the South African Nursing Council Policy Guidelines for Foreign Registrations in order to determine the requirements applicable to my application and the process that must be followed</li> <li>• The information submitted in this form is correct</li> <li>• The attached copies of certificates and other documents are correct and legitimately belong to me</li> <li>• I understand that the process of this application for registration will be deemed invalid if all required documents are not attached and if the form is not fully completed</li> <li>• I have paid the applicable application fee and have attached proof of payment into the South African Nursing Council bank account</li> <li>• I am aware that the application fee is non-refundable even if the application is withdrawn, abandoned, or whatever the outcome of the application for registration may be.</li> </ul> <p>Signature ..... Date .....</p>