



South African Nursing Council
Regulating nursing, advocating for the public

APPLICATION FOR RESTORATION

PERSONAL DETAILS

| | | |
|--|--|---|
| <p><i>(If your surname has changed by marriage, a certified copy of your marriage certificate must be submitted.)</i></p> <p>Surname</p> <p>Given names in full</p> <p>Maiden name (if applicable)</p> <p>Date of birth (year / month / day) / /</p> <p>Identity number</p> | | <p>S A Nursing Council reference number</p> <p>Postal address</p> <p> </p> <p> </p> <p> </p> <p><i>(Unless otherwise indicated, your address in the SANC register will be changed to the above address)</i></p> |
|--|--|---|

RESTORATION

| | | | |
|--|-------------------------|-------------|--|
| Date on which you wish to be restored | (year/month/day) / / | IMMEDIATELY | <p>PLEASE NOTE: Fill in EITHER the date on which you are going to assume duty OR place a cross in the box marked "IMMEDIATELY". In either case, you will not be restored on a date earlier than the date on which the S A Nursing Council receives your completed application form and the full amount payable. If you mark "IMMEDIATELY" it means with effect from the date on which you meet all the requirements and NOT "while you wait".</p> |
| Name of employer/ prospective employer (if applicable) | | | |
| Address of employer/ prospective employer (if applicable) | | | |
| | | | |

RESTORATION(S) FOR WHICH APPLICATION IS MADE (QUALIFICATIONS)

| | | | |
|---|--|--|--|
| × | <i>← Mark the applicable block(s) with a cross – for example</i> | | Registered Nurse for Mental Defectives |
| | Registered Nurse (General, Psychiatric and Community) | | Registered Midwife/Accoucheur |
| | Registered General Nurse | | Enrolled Nurse |
| | Registered Psychiatric Nurse | | Enrolled Midwife |
| | Registered Mental Nurse | | Enrolled Nursing Auxiliary (previously called Enrolled Nursing Assistant) |

DECLARATION

Answer these four questions with a definite "YES" or "NO" by making a cross 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.

"Professional misconduct" means:
unprofessional conduct, disgraceful conduct or improper conduct or any similar offence.

| | | |
|---|-----|----|
| 1. Have you ever been convicted of an offence by a court of law in any country? | YES | NO |
| 2. Is a charge of an offence pending against you in any country? | YES | NO |
| 3. Have you ever been convicted of professional misconduct by a professional conduct hearing of a Nursing Council or similar controlling body in any country? | YES | NO |
| 4. Is a charge of professional misconduct 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 , |
|------------------------|----------|-----------------------|

Please turn over – form continues overleaf

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ADDITIONAL CONTACT DETAILS

| | |
|--------------------|-------------------------|
| Home telephone () | Cell phone (mobile) () |
| Work telephone () | Fax number () |
| E-mail address | |

STATISTICAL INFORMATION (unless otherwise indicated, mark ONE block in each section with a cross “X”)

| | | | |
|--|---|---|------------------------------|
| Province in which you live | Eastern Cape | Mpumalanga | |
| | Free State | Northern Cape | |
| | Gauteng | North West | |
| | KwaZulu Natal | Western Cape | |
| | Limpopo | | |
| Employment equity code | African | Indian/Asian | (Department of Labour codes) |
| | Coloured | White | |
| Nationality | South Africa | Zaire | |
| | Angola | Zambia | |
| | Botswana | Zimbabwe | |
| | Lesotho | | |
| | Malawi | Rest of Africa | |
| | Mauritius | Asian Countries | |
| | Mozambique | Australia and New Zealand | |
| | Namibia | Central and South American Countries | |
| | Seychelles | European Countries | |
| | Swaziland | North American Countries | |
| | Tanzania | Other and rest of Oceania | |
| Home language <small>(Predominantly used home language if more than one)</small> | Afrikaans | Sesotho | |
| | English | Setswana | |
| | isiNdebele | siSwati | |
| | isiXhosa | South African Sign Language | |
| | isiZulu | Tshivenda | |
| | Sepedi | Xitsonga | |
| | Other Please specify: | | |
| Resident status | SA Citizen | | |
| | SA Permanent Resident | | |
| | Dual (SA plus other) | Please specify other: | |
| | Other | Please specify: | |
| Socioeconomic status | Employed | | |
| | Unemployed – looking for work | | |
| | Not working – not looking for work | | |
| | Not working – housewife / homemaker | | |
| | Not working – scholar / full time student | | |
| | Not working – pensioner / retired person | | |
| | Not working – disabled person | | |
| | Not working – not wishing to work | | |
| | Not working – none of the above | | |
| Disability status <small>(If necessary, please select more than one item under this section)</small> | None | | |
| | Sight | (experience problems even when wearing glasses / contact lenses) | |
| | Hearing | (experience problems even when wearing hearing aid or with implant) | |
| | Communication | (talking / listening) | |
| | Physical | (moving / standing / grasping) | |
| | Intellectual | (difficulties in learning / retardation) | |
| | Emotional | (behavioural or psychological) | |
| | Other | (not mentioned above) | |

HOW TO APPLY FOR RESTORATION OF YOUR NAME

Follow these easy steps to apply for the restoration of your name:

1. Fill in the application form using a blue or black ballpoint pen.
2. Print all information using block letters.
3. **ALL information is required** (unless otherwise indicated).
4. Sign and date the form in the space provided.
5. Determine the **TOTAL AMOUNT** payable by referring to the instructions below and write the amount in the space provided on the form. Please read all the instructions in the box below to make sure that you determine the correct fee. Note that with effect from 2015, discounted Restoration Fees apply to practitioners who are 60 years of age or older on 1 January of the year in which they are restored (see details in the box below).

Fees payable together with an application for restoration (fees applicable from 2020-01-01)

Choose the correct fees depending on your **highest category**. Submit the total amount payable together with your application:

| | Registered Person | Enrolled Nurse/Midwife | Enrolled Nursing Auxiliary |
|--|-------------------|------------------------|----------------------------|
| Application for restoration in 2020: | | | |
| Annual fee (2020) | R 670,00 | R 400,00 | R 280,00 |
| Restoration fee (2020) ^(*) | R2010,00 | R1210,00 | R 850,00 |
| TOTAL AMOUNT PAYABLE (2020) | R2680,00 | OR R1610,00 | OR R1130,00 |
| Application for restoration in 2020 (for practitioners 60 to 64 years of age on 1 January 2020): | | | |
| Annual fee 25% discount (2020) ^(*) | R 500,00 | R 300,00 | R210,00 |
| Reduced restoration fee (2020) ^(*) | R 140,00 | R 140,00 | R140,00 |
| TOTAL AMOUNT PAYABLE (2020) | R 640,00 | OR R 440,00 | OR R350,00 |
| Application for restoration in 2020 (for practitioners 65 years of age or older on 1 January 2020): | | | |
| Annual fee 50% discount (2020) ^(*) | R 340,00 | R 200,00 | R150,00 |
| Reduced restoration fee (2020) ^(*) | R 140,00 | R 140,00 | R140,00 |
| TOTAL AMOUNT PAYABLE (2020) | R 480,00 | OR R 340,00 | OR R290,00 |

Note ^(*): In most cases, the above restoration fees will apply. However, if your name was removed at your own request (i.e. you submitted an application for voluntary removal of your name that was processed before you were removed in another way), the reduced restoration fee is R140.00 for 2020– irrespective of the category. If you believe that you qualify to pay the reduced restoration fee, **please confirm this with the Council** before submitting your payment.

Note ^(*): In order to qualify for age based discounts, the Council must have a copy of your latest bar-coded identity document on file. To ensure you qualify for the discount amounts, submit a certified copy of your identity document together with your submission.

6. Post your completed application form together with the required fees (and certified copy of your identity document if required) to the Council at the address given below.
7. You may also deposit the required fees into the Council's bank account (see details below) and fax copies of the required documents and deposit slip to the Council on fax number **012 420 1084 / 012 343 5400** or Email restoration@sanc.co.za. The fax machines on these numbers are generally available 24-hours per day, seven days a week.
8. The above fees include 15% VAT and are correct at the time of printing. Fees are however subject to increase. If you are applying for restoration of your name after 30 June 2020, please contact the Council to establish the correct fee amounts. Alternatively, visit the Council website www.sanc.co.za to check the fee amounts.

S A Nursing Council – Contact Details

The Registrar
South African Nursing Council
Private Bag X132
PRETORIA
0001

Tel: 012 420-1000
Fax: 012 343-5400 (24-hour)
Email: customerservice@sanc.co.za
Website: www.sanc.co.za

S A Nursing Council - Bank Account Details

Bank: First National Bank (FNB)
Account name: S A Nursing Council
Account number: 51421186193
Branch number: 253-145

Reference: Use your 8-digit S A Nursing Council reference number followed immediately by the transaction code RESTFEE – which indicates that this payment is in respect of your application for restoration. Please note that there must be no space between your number and RESTFEE For Example: 12345678RESTFEE