

APPLICATION FOR REGISTRATION AS A CONSTITUENT ASSESSOR/MODERATOR

(*Please circle the applicable selection above)

PERSONAL DETAILS *(Please print clearly in block letters)*

SA Nursing Council Reference Number:																				
Title: <i>(tick ✓ one box)</i>	Dr.	Mr.	Ms.	Prof.																
Surname:																				
Given Names (in full):																				
Maiden Name (if applicable):																				
Gender: <i>(please tick ✓)</i>	Male	Female																		
Equity code:	African	Coloured	Asian	White	Other (please specify)															
South African Identity Number:																				
Passport Number:																				
Physical Address:																				
	Postal Code																			
Postal address:																				
	Postal Code																			
Email address:																				
Cell phone number:																				
Other telephone numbers:																				

EMPLOYERS DETAILS

Employer's name:										
Employer's address:										

DETAILS OF GENERIC ASSESSMENT UNIT STANDARD: (ONLY required if not registered as a Nurse Educator)

Name of the Provider where this unit standard was obtained:		Code
Name of the ETQA/SETA that accredited this unit standard:	ETDP/SETA	Code 2006

(For office use only)

Payment received:	Cash: R	Cheque:	Postal order:
Receipt date:			Signature:
Results evaluation: <i>(tick one box)</i>	PROCEED -issued certificate(s)		DO NOT proceed until identified problems have been corrected
Date evaluation completed:	Signature of evaluator:		
Certificate number(s) issued:			
Date issued:			

CONSTITUENT (FIELD SPECIFIC) AREA APPLIED FOR:

[please tick ✓ the relevant qualification(s)]

Code	Constituent Field	Relevant Registered Qualification	Years of Clinical experience	Relevant CPD Points (not yet applicable)
15	General Nursing			
16	Psychiatric Nursing			
70	Community Health Nursing			
21	Midwifery			
201	Post Basic Child Nursing			
202	Post Basic Community Health Nursing			
204	Post Basic Midwifery and Neonatal Nursing			
205	Post Basic Occupational Health Nursing			
206	Post Basic Psychiatric Nursing			
78	Clinical Nursing Science, Health Assessment, Treatment and Care			
79	Geriatric Nursing			
65	Nursing Education			
58	Nursing Administration			
75	Occupational Health Nursing			
60	Operating Theatre Nursing			
59	Ophthalmological Nursing			
61	Orthopaedic Nursing			
62	Paediatric Nursing			
	Other (please Specify)			

Example:

	Advanced Community Health Nursing	M CHN (UP) 1999	Teaching (Turf) CHN 3yrs	05 (Health Promotion Conference)
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DECLARATION

I declare that the information furnished herein is true and correct:

Signature of applicant: _____

Date: _____

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION AS AN ASSESSOR/MODERATOR

1. Please complete one form for each application as an Assessor and a separate form for application as a Moderator.
2. Complete all the required information on the application form. Please use CAPITAL LETTERS.
3. Re-check the form to make sure that nothing has been left out. Incomplete applications will not be accepted.
4. Sign and date the form. Note that in so doing, you are declaring that all the information provided is true and correct.
5. Ensure that you have attached all the relevant supporting documentation and that copies have been certified.
6. Either pay the required fees into the Council's bank account or attach your payment (cheque or postal orders).
7. Post your application to the Council; it may not be faxed, as it contains original documents. You can also courier or hand-deliver the documents to the Council offices.

NB: The following must be enclosed with your application:

- Certified copy of the original *Statements of Results* issued by the ETDP/SETA (if NOT Nursing Educator).
- Certified copy of the original certificate/letter of achievement issued by the provider of the generic assessment training (If NOT Nursing Educator).
- Original letter(s) from employer(s) confirming years of clinical experience.
- A non-refundable applicable fee off **R200.00** (VAT inclusive) PER FIELD in which you wish to be registered as an assessor/moderator.

SANC Banking details:

Bank name: First National Bank
Account name: South African Nursing Council No. 2 Account
Account number: 514 211 86 193
Branch code: 251-445
Branch name: Church Square



Cecilia Makiwane Building,
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Private Bag X132, Pretoria 0001,
Republic of South Africa



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Fax: 012 343 5400
SANC Fraud Hotline: 0800 20 12 16



website: www.sanc.co.za

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