

## Notification of TERMINATION of a course

### Personal Details:

S. A. Nursing Council Reference Number:								<b>NOTE:</b>  <i>The application must be accompanied by termination records. Failure to submit termination records will result in an unprocessed application.</i>				
Title: (tick ✓ one box)	Dr.	Mr.	Ms.	Prof.								
Surname:												
Given Names (in full):												
Maiden Name (if applicable):												
Gender: (tick ✓ one box)	Female			Male								
Date of Birth: (yyyy-mm-dd)	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: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D		

### Leave granted:

Type (e.g. vacation/ sick)	From:	To:	Period:

### Qualification Details:

Nursing Education Institution Number: (only for South African institutions)										
Name of Nursing Education Institution:										
Name of Course TERMINATED:										
Termination Date: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D
<b>REASON FOR TERMINATION:</b>										
Name and Signature of Head of Nursing Education Institution:										

## SCHOOL STAMP

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