

## Application for registration in the category Community Service

- Instructions:**
1. This form is to be used **only** by applicants who trained at a South African Nursing Education Institution;
  2. Please complete all required information using a ballpoint pen and print clearly.

### Personal Details:

S. A. Nursing Council Reference Number										<p><b>NOTE:</b> If you have changed any of the details appearing in your identity document or passport since registering as a student and if you have not already done so, you must submit certified proof substantiating the change together with this application.</p>				
Title: (tick ✓ one box)	Dr	Mr	Ms	Prof										
Surname:														
Given Names (in full):														
Maiden Name (if applicable):														
Sex: (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				

### Postal Address:

	<p><b>NOTE:</b> Enter your home postal address – to be recorded in the register.</p> <p><u>Do not</u> use the address of your Nursing Education Institution.</p> <p><u>Do not</u> use the address of the health establishment where you will be performing community service.</p>							
Postal Code:								

### Residential Address (if different):

	<p><b>NOTE:</b> Enter your home residential address here <u>only</u> if it is different to your postal address.</p> <p><u>Do not</u> use the address of your nursing education institution.</p> <p><u>Do not</u> use the address of the health establishment where you will be performing community service.</p>							
Postal Code:								

### Address to which your registration certificate should be posted (if different):

	<p><b>NOTE:</b> Enter the postal address to which your registration certificate and/or any correspondence in connection with this application should be sent.</p> <p>The address details entered here will <u>not</u> be recorded in the register.</p>							
Postal Code:								

## Contact Details:

Telephone Number (home):															
Telephone Number (work):															
Cellular phone Number:															
Fax Number:															
E-mail Address:															

## Qualification Details:

Nursing Education Institution Number:																
Name of Nursing Education Institution:																
Name of Course completed:	Course leading to Registration as a Nurse (General, Psychiatric and Community) and Midwife															
Completion Date:	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					
Name of Qualification:																
Date of Qualification issued/ to be issued:	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

## Details of Community Service:

Name of Health Establishment (where Community Service will be performed):																
Name of Town/ City:																
Province:																
Date of commencement of Community Service:	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

## Signed by Applicant:

I certify that the information provided in this application is true and correct.																
Signature:																
Date:	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

## Declaration by Head of Nursing Education Institution:

I declare that:																
<ul style="list-style-type: none"> <li>- I have checked the application for both content and completeness;</li> <li>- The applicant has completed and met all the requirements of the course;</li> <li>- The applicant has been/ will be issued the above qualification by the above named institution on the date indicated; and</li> <li>- I may be held personally responsible for any errors or omissions in connection with this application.</li> </ul>																
Signature:																
Print Name:																
S. A. Nursing Council Reference Number:																
Date:	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

*Stamp of Nursing Education Institution*

**PLEASE NOTE** that when this form is submitted to the Nursing Council it must be accompanied by the following items:

- |   |
|---|
| 1. <u>Certified</u> copy of applicant's identity document or passport;  |
| 2. Official transcript of training for the above-mentioned course;  |
| 3. Registration fee of <b>R400-00</b> <sup>(*)</sup> (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by <b>REGFPRA</b> as reference. |

<sup>(\*)</sup> The above-mentioned fee applies from **01 January 2020**.

FOR OFFICE USE ONLY		
<b>Check</b>	Card	
	Cash	
	Cheque	
	Direct deposit	



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SANC Fraud Hotline: 0800 20 12 16



website: www.sanc.co.za

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