



South African Nursing Council

(Established under the Nursing Act, 2005)

602 Pretorius Street, Arcadia, Pretoria 0083
 Private Bag X132, Pretoria 0001
 Telephone 012 420-1000
 Fax 012 343-5400 (24-hour line)

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															NOTE: 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.
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															
OR 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:

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

Residential Address (if different):

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

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

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

Please turn over – form continues overleaf...

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"> - I have checked the application for both content and completeness; - The applicant has completed and met all the requirements of the course; - The applicant has been/ will be issued the above qualification by the above named institution on the date indicated; and - I may be held personally responsible for any errors or omissions in connection with this application. 															
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 R380-00 ^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by REGFPRA as reference. |

^(*) The above-mentioned fee applies from **01 January 2019**. For payments received by the Council before this date, the fee is R360-00.

FOR OFFICE USE ONLY			
Check		Card	
		Cash	
		Cheque	
		Direct deposit	