

## Notice of Commencement of Community Service

### Details of Community Service Practitioner:

SA Nursing Council Reference Number:								<p><b>NOTE</b></p> <p><i>The application form must be accompanied by the Notice of Termination and the Record of Training. Failure to submit these records will result in an unprocessed application.</i></p>				
Title: <span style="float: right;"><i>(tick ✓ one box)</i></span>	Dr.	Mr.	Ms.	Prof.								
Surname:												
Given Names (in full):												
Maiden Name (if applicable):												
Date of Birth: <span style="float: right;"><i>(yyyy-mm-dd)</i></span>	Y	Y	Y	Y	-	M	M		-	D	D	
South African Identity Number:												

### Confirmation of Commencement of Community Service:

Name of Health Establishment: (where Community Service has commenced)												
Name of Town/City:												
Province:												
Date of commencement of Community Service: <span style="float: right;"><i>(yyyy-mm-dd)</i></span>	Y	Y	Y	Y	-	M	M	-	D	D		

### Signed by Practitioner:

<i>I hereby certify that the information provided in this notice is true and correct.</i>												
<u>Signature:</u>												
Date: <span style="float: right;"><i>(yyyy-mm-dd)</i></span>	Y	Y	Y	Y	-	M	M	-	D	D		

### Signed by the Head of the Health Establishment:

I certify that the above-named practitioner has commenced Community Service at the Public Health Establishment on the date indicated above.												
Print Name:												
Signature:												
Date: <span style="float: right;"><i>(yyyy-mm-dd)</i></span>	Y	Y	Y	Y	-	M	M	-	D	D		



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