



SOUTH AFRICAN NURSING COUNCIL

NOTIFICATION OF COMPLETION OF TRAINING

EDUCATION AND TRAINING OF A NURSE (GENERAL, PSYCHIATRIC AND COMMUNITY) AND MIDWIFE LEADING TO REGISTRATION

Government Notice No. R425 of 19 February 1985 (as amended)

- This information must be provided by the Person in charge of the Nursing Education Institution
- Incomplete and incorrect forms will not be processed

1. DETAILS OF THE NURSING EDUCATION INSTITUTION

Name (as approved by Council)	
Correspondence Number (S- File No.)	
Accreditation certificate number	
Physical address	Postal address
Postcode	Postcode
Telephone Number(s)	
Fax Number	
E-mail Address	

2. DETAILS OF PERSON IN CHARGE OF NURSING EDUCATION INSTITUTION

Name of Person In Charge of the Nursing Education	
SANC Reference Number	
Professional Qualifications (not academic qualifications)	

3. NAME OF UNIVERSITY OF AFFILIATION / ASSOCIATION (IN CASE OF COLLEGE OR NURSING SCHOOL)

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4. LEARNER DETAILS				FOR OFFICE USE
Surname				
Given Names in full (according to ID/Passport)				
SANC Reference Number				
SA Identity Document Number				
OR (if foreign)	Passport Number			
	Country of issue			
Date of Commencement		(Year)	(Month)	(Day)
Date of Resumption (if applicable)		(Year)	(Month)	(Day)
Date of Completion		(Year)	(Month)	(Day)

**5. RECORD OF EDUCATION AND TRAINING
(N.B. TRANSLATE COUNCIL PERIOD TO HOURS)**

5.1 Total Theory	Prescribed Periods & Hours		Achieved Hours	For office use
	By SANC	NEI		
- Biological and Natural Sciences				
- Social Sciences				
- Fundamental Nursing Science				
- Ethos and Professional Practice				
- General Nursing Science				
- Psychiatric Nursing Science				
- Community Nursing Science				
- Midwifery				
- Pharmacology				
- Other (specify)				
Total				

**5.2 PRACTICA
5.2.1 GENERAL NURSING SCIENCE (INCLUDING ACUTE, CHRONIC/LONG TERM, IN/OUT OF HOSPITAL)**

Practice area	Approved	Achieved Hours		Total	For office use
		Day	Night		
<i>Minimum total = 4000 hours for all the disciplines</i>					
General Nursing Science					
Medical Wards					
Surgical Wards					
Paediatric Wards					
Casualty & Out Patient Department					
Operating Theatre					
Other (specify)					
Total					

5.2.2 PSYCHIATRIC NURSING SCIENCE					
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Therapy for the Mentally Retarded					
Admission (Acute Care)					
Long-term and Security Units					
Children and Adolescents					
Geriatric Nursing					
Community & Rehabilitation					
Occupational & Recreational Services					
Other (specify)					

5.2.3 MIDWIFERY NURSING SCIENCE					
<i>Minimum total hours 1000</i>					

Ante-natal Services					
Labour ward/delivery room					
Neonatal Care					
Post-natal care services					
Other (specify)					

Requirement specifications

These include but are not limited to examples set out below:

Midwifery skills	Prescribed	Achieved	For office use
Supervision of Pregnant women (in numbers)			
Ante-natal patients with abnormal conditions			
Internal examinations			
Normal deliveries observed			
Women progressed during the 1 st stage of labour			
Deliveries by a learner			
Conducting third and fourth stages of labour			
Performance of episiotomies			
Suturing of episiotomies and 1 st and 2 nd degree tears.			
Complicated deliveries			
Post-partum care of mother and baby (including examinations)			
Breathing and relaxation technique			
Ante-natal and post-natal exercises			
Administration of local anaesthesia excluding pudendal block			
Other (specify)			

5.2.4 COMMUNITY NURSING SCIENCE			
Health Education			
Environmental Control			
Mother & Child Services including preschool child			
School Health Services			
Occupational Health Services			
Geriatric Health Services			
Psychiatric Health Services			
Neonatal Care Services			
Prevention and control of communicable diseases			
Health Assessment Treatment and Care			
Rehabilitation			
Community Resource			
Other e.g. IMCI, PCTMT (specify)			
5.3 SUMMATIVE ASSESSMENT OUTCOMES/YEAR MARK			
Theory	Practica	For office use	
First year			
Second year			
Third year			
Fourth year			
Other (specify)			

Declaration that a learner has met the educational requirements to be registered as a Nurse and Midwife**Learner details**

Surname _____
 Given names in full _____
 SANC reference number _____
 South African identity document number _____
 OR Passport number _____
 Country of issue _____

Training details(*)

Name of Institution: _____

Date of commencement	Year: _____	Month: _____	Day: _____
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Date of completion	Year: _____	Month: _____	Day: _____
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Declaration by Person in charge of nursing education programme

I hereby declare that the aforementioned learner:

- Has complied with all the prescribed minimum education and training programme requirements for registration as a Nurse and Midwife in terms of Government Notice No. R.425 of 19 February 1985; and
- Has been assessed and found to have the required competencies as per the prescribed teaching guide to practice in accordance with the prescribed scope of practice of a Nurse and Midwife.

I further declare that:

- The information provided is accurate and based on the authentic education and training records of the said learner;
- All the education and training of the learner were accurately recorded for the duration of the programme;
- The nursing education institution has in its possession all the original education and training records, including but not limited to assessment and clinical records;
- There is no evidence that such training records were tampered with or are in any way fraudulent; and
- In the event that any tampering of the record or fraudulent records are detected after this declaration is made, I undertake to immediately notify the Council thereof in writing.

I fully understand the meaning and implications of this declaration(**)

Full names (Print) _____
 Designation _____
 SANC reference number _____
 Signature _____
 Date _____

Declaration by Person in charge of nursing education institution

I declare that the information provided is accurate and based on the authentic education and training records of the said learner.

I fully understand the meaning and implications of this declaration(**)

Full names (Print) _____
 Designation _____
 SANC reference number _____
 Signature _____
 Date _____

Affix Stamp of the Nursing Education Institution here

(*) Any entry into the register made in error or through misrepresentation will be deleted/removed from the register.

(**) Any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of sections 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).