

Application for Learners to be admitted to a SANC Examination

Examination Details

Regulation Number and full name of Examination for the course according to the exam schedule	R									
Date of Examination Date	Υ	Υ	Υ	Υ	_	M	\mathbb{N}	-	D	D
Number and name of Nursing Education Institution	S									
Examination Centre										
Date of completion	Υ	Υ	Υ	Υ	-	M	M	-	D	D

Candidate Details

SANC Ref No	Surname	Full Names	Signature of learner				

Declaration by Person in Charge of NEI

I hereby certify that the above -named learners are eligible for admission to the examination for this course in terms of regulations for the course (as amended).									
I furthermore certify that learners who previously failed the above-mentioned examination twice have/has not undergone the relevant remedial training as stipulated in Circular 6/2007.									
Names and Surname									
Date	Υ	Υ	Υ	Υ	-	M	M	D	D
Signature									

SANC-23 (2024)



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