

Application for Registration of an Additional Qualification

Personal Details

SA Nursing Council Reference	ce Number		1														
Title	(tick 🛭 one box)	Dr				Mr				Ms				Prof			
Surname																	
Given Names (in full)																	
Maiden Name (if applicable))																
Date of Birth		Υ	Υ	Υ	Υ	-	M	M	_	D	D						
South African Identity Numb	per																
<u>OR</u> alternatively, for those	applicants who do	not h	ave a	Sout	h Afri	can I	dentit	y Nur	nber:								
Passport Number																	
Passport Country of Issue																	
Passport Issue Date		Υ	Υ	Υ	Υ	-	M	M	-	D	D						
Passport Expiry Date		Υ	Υ	Υ	Υ	-	M	M	_	D	D						
Postal Address (address for all corresponde	nce)											Posta	l Cod	e			
Contact number	+	()												
E-mail address		,			'												
Qualification Details																	
Qualification																	
(as stated on Certificate/Dip	oloma)																
Name of Training Institution	1																
Date of completion of cours	e	Υ	Υ	Υ	Υ	-	M	M	-	D	D						

Application for Registration of an Additional Qualification (continued...)

Payment Details

Name of Bank	FIRST NATIONAL BANK						
Account Number	514 2118 6193						
Branch Code	25 15 45						
Amount Payable in 2024	R490.00						
Email proof of payment to	additional qualifications@sanc.co.za						

Applicant Signature

Signature of Applicant											
Date	Υ	Υ	Υ	Υ	-	M	M	-	D	D	

SANC-6 (2024-01-01)



Cecilia Makiwane Building, 602 Pretorius Street, Arcadia, Pretoria 0083 Private Bag X132, Pretoria 0001, Republic of South Africa



Tel: 012 420 1000 Fax: 012 343 5400 SANC Fraud Hotline: 0800 20 12 16



website: www.sanc.co.za