NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING
ADVANCED DIPLOMA IN MIDWIFERY
(Government Notice No. 1497 of 22 November 2019)

- *This information must be provided by the Head of the Nursing Education Institution*
- *Please print clearly in block letters*
- *Incomplete and/or incorrect forms will not be processed*

1. Nursing Education Institution details

Name of Institution *(as approved by SANC)*								
SANC Reference Number	**S**							
Accreditation Certificate Number								
Physical Address								
	Postal Code							
Postal Address *(if different from above)*								
	Postal Code							
Contact number	Landline:							
	Mobile:							
Email address								
Website								
SAQA Code of the Accredited Programme								

2. Person in Charge of the Nursing Education and Training

Full names and Surname									
SANC Reference Number	**1**								
Professional Qualifications *(e.g. Additional Qualification in Nursing Education)*									

3. Learner Personal Details

SANC Reference Number	1								

Surname	

Given names in full	

RSA Identity Document number													

OR alternatively, for those applicants who do not have a South African Identity Number

RSA Permanent residence ID number/Refugee ID number													

Passport Number	

Country of Issue	

Date of Issue	Y	Y	Y	Y	-	M	M	-	D	D
Date of Expiry	Y	Y	Y	Y	-	M	M	-	D	D

Passport holders: This application must accompany a valid study visa for the duration of studies in line with RSA law.

3.1 Learner Study Details

Date of Commencement of training	Y	Y	Y	Y	-	M	M	-	D	D
Date of Termination (*if applicable*)	Y	Y	Y	Y	-	M	M	-	D	D
Date of Resumption (*if applicable*)	Y	Y	Y	Y	-	M	M	-	D	D
Date of Completion of training	Y	Y	Y	Y	-	M	M	-	D	D

4. Record of education and training:

4.1 Theory

Exit Level Outcomes (ELOS)	Modules as per Accredited Programme	Prescribed Credits as per Accredited Programme	Credits Achieved by learner	For Office use
4.1.1 Apply specific knowledge of Bio-Natural, and Social Sciences including Pharmacology in Midwifery using an integrated approach.				
4.1.2 Provide safe and quality midwifery and neonatal care in a scientific, integrated and evidence-based approach in all care settings.				
4.1.3 Practice independently and professionally within an appropriate ethical-legal framework.				
4.1.4 Improve quality of midwifery and neonatal care through an analytic, reflective, and problem-solving approach.				
4.1.5 Effectively manage a midwifery unit through clinical governance strategy.				
Fundamental credits	**8 credits**			
Core credits	**40 credits**			
Grand total = Fundamental+ Core credits	**48 credits**			

4.2 Work Integrated Learning: clinical credits72				
4.2.1 Midwifery areas in Practice	**Modules as per Accredited Programme**	**Prescribed credits**	**Credits achieved by learner**	**For Office use**
Preconception 5%				
Antenatal 15%				
Intrapartum 60%				
Postnatal 10%				
Integrated ethical, legal, quality & unit management 10%				
		Total	**Total**	

4.2.2 Work integrated learning distribution: credits/hours				
WIL Distribution	**Prescribed Credits as per Accredited Programme**	**Achieved by learner**		**For Office use**
		Credits	**Hours**	
CPL				
SIM				
LRT				
Total				

KEY / LEGEND: WIL Distribution		**% Distribution**	**Credits**
CPL	Clinical Placement for learning(supervised)	60%	43.2
SIM	Simulation	20% (max.)	14.4
LRT	Learning for Role Taking	20% (max.)	14.4

4.2.3 Work Integrated Learning: Minimum exposure prescribed.			
Minimum exposure	**Min. No. prescribed**	**No. achieved by learner**	**For Office use**
1. Health assessments including contraceptive counselling and health promotion.	**5**		
2. Genetic assessments	**5**		
3. History takings including mental health screening	**30**		
4. Physical examinations including vaginal examination	**10**		
5. Abdominal examination and completion of gravido-gram	**30**		
6. Cervical smears	**5**		
7. Provide health promotion sessions	**2**		
8. Demonstrate antenatal exercises	**2**		
9. CTG placements, monitoring, and interpretation	**10**		
10. Admission of a woman in labour	**30**		
11. Monitoring of women in labour and completion of partogram	**20**		
12. Internal examination by the learner	**20**		
13. Pelvic assessments	**5**		
14. Witnessed deliveries under instruction	**5**		
15. Personally conducted progressed delivery and delivery of placenta	**20**		
16. Episiotomies, performed and sutured (if accessible)	**3**		

17. Suturing of perineal tear (1st and 2nd degree	**3**		
18. Breech delivery under instruction *(if not accessible learner should simulate breech delivery to lecturer)*	**2**		
19. Witnessed complicated deliveries (if accessible)	**5**		
20. Prepare and observe instrumental deliveries (if accessible)	**5**		
21. Examination of placenta	**20**		
22. Physical examination of newborn	**20**		
23. Management (if accessible)/Simulation of potential and actual emergencies	**5**		
24. Competence in basic Life support (BLS) in Maternal and Neonatal resuscitation	**5**		
25. Women examined post-natal	**15**		
26. Newborns examined.	**15**		
27. Assist women with breastfeeding.	**6**		
28. Demonstrate postnatal exercises for a group of four	**2**		
29. Conduct TSB testing of the neonate.	**5**		
30. Conduct PCR testing of the neonate.	**5**		
31. Commence and monitor phototherapy for neonates	**5**		
32. Discharge postnatal women including health education	**10**		
33. Discharge newborns	**10**		

4.2.4 SANC Approved Clinical Facilities used for WIL Placement of learner

Name of the Facility	Name of Unit / Ward	Number of WIL Credits achieved	For Office use
		Total	
Other Experiential Learning Sites used for WIL Placement of learner			
		Total	

5. Summative Assessment Outcomes:

5.1 Theory

Module code	Assessment Outcomes	Pass/Fail	For Office use

5.2 Work Integrated Learning (WIL)

Module code	Assessment Outcomes	Pass/Fail	For Office use

KEY / LEGEND: Module Codes *(where applicable)*

Module Code	Module name / description	For Office use

6. Record of leave taken

Type of Leave *(e.g. annual, sick)*	Start date	End date	No. of days	For Office use
	Y Y Y Y - M M - D D	Y Y Y Y - M M - D D		
	Y Y Y Y - M M - D D	Y Y Y Y - M M - D D		
	Y Y Y Y - M M - D D	Y Y Y Y - M M - D D		
	Y Y Y Y - M M - D D	Y Y Y Y - M M - D D		
	Y Y Y Y - M M - D D	Y Y Y Y - M M - D D		
	Y Y Y Y - M M - D D	Y Y Y Y - M M - D D		
	Y Y Y Y - M M - D D	Y Y Y Y - M M - D D		
	Y Y Y Y - M M - D D	Y Y Y Y - M M - D D		
	Y Y Y Y - M M - D D	Y Y Y Y - M M - D D		

7. Declaration that the learner has met the education and training requirements for registration in the category midwife. (Government Notice No. 1497 of 22 November 2019)

Learner names and surname (*in full*)										
SANC Reference Number	**1**									
Name of Nursing Education Institution										
Date of Commencement of training	Y	Y	Y	Y	-	M	M	-	D	D
Date of Completion of training	Y	Y	Y	Y	-	M	M	-	D	D

7.1 Declaration by The Subject Head / Programme Co-ordinator

I hereby declare that the afore-mentioned learner has complied with all the prescribed education and training requirements for registration in the category Midwife in terms of Government Notice No. 1497 of 22 November 2019

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 was 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 Education and training records were tampered with or are in anyway fraudulent.
- If any tampering of the records or fraudulent records are detected after this declaration is made, I undertake to immediately notify the South Africa Nursing Council thereof in writing.

I fully understand that any entry into the register made in error or through misrepresentation will be deleted/removed from the register.

SANC Reference Number	1									
Full names and surname										
Designation										
Signature										
Date	Y	Y	Y	Y	-	M	M	-	D	D

7.2 Declaration by The Person in Charge of the 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.
- I fully understand that 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 section 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).

SANC Reference Number	1									
Full names and Surname										
Designation										
Signature										
Date	Y	Y	Y	Y	-	M	M	-	D	D

Affix Stamp of the Nursing Education Institution here　　　　　　　　*SANC-14.17(2025)*