

**APPLICATION FOR REGISTRATION IN THE CATEGORY AUXILIARY NURSE R.169**

- This application must be accompanied by a **certified copy of Identity and proof of payment.**
- Failure to comply with the above will result in an unprocessed application

<b>NAME OF NURSING EDUCATION INSTITUTION</b> (as approved by SANC)										
<b>APPLICANT PERSONAL DETAILS</b>										
SANC Reference Number	1									
Title										
Surname										
Given names (in full)										
Maiden name (if applicable)										
Gender (tick one)	Female					Male				
RSA Identity Document number										
<b>OR alternatively, for those applicants who do not have a South African Identity Number</b>										
RSA Permanent residence ID number/Refugee ID No.										
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
<i>Passport holders: This application must be accompanied by a valid study visa for the duration of studies in line with RSA law</i>										
<b>CONTACT DETAILS</b>										
Postal address										
	Postal code									
Phone number (Cell. Phone)										
Alternative phone number										
Email address										
<b>APPLICANTS SIGNATURE</b>										
Date										
<b>BANKING DETAILS</b>										
Name of Bank	FIRST NATIONAL BANK									
Account number	514 2118 6193					Branch	251 445			
Amount payable	R880.00 (fee applicable for 2025)									
Reference	SANC Number-REGPRA									

 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 377 377

 website: [www.sanc.co.za](http://www.sanc.co.za)