South African Nursing Council
Regulating nursing, advocating for the public

APPLICATION FOR REGISTRATION IN THE CATEGORY GENERAL NURSE R.171

· *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*

NAME OF NURSING EDUCATION INSTITUTION (as approved by SANC)								
APPLICANT PERSONAL DETAILS								
SANC Reference Number	**1**							
Title								
Surname								
Given names (*in full)*								
Maiden name *(if applicable)*								
Gender (tick one)	Female				Male			
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 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
Passport holders: This application must be accompanied by a valid study visa for the duration of studies in line with RSA law								
CONTACT DETAILS								
Postal address								
	Postal code							
Phone number (Cell. Phone)								
Alternative phone number								
Email address								
APPLICANTS SIGNATURE								
Date								
BANKING DETAILS								
Name of Bank	FIRST NATIONAL BANK							
Account number	514 2118 6193			Branch	251 445			
Amount payable	**R880.00** *(applicable for 2025)*							
Reference	SANC Number-**REGPRA**							