

NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING OF A LEARNER LEADING TO REGISTRATION IN THE CATEGORY GENERAL NURSE (Government Notice No.171 of 8 March 2013)

- 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 Ins	titution (details									
Name of Institution											
(as approved by SANC)			1		1						
SANC Reference Number	S										
Accreditation Certificate											
Number											
Physical Address											
							Ро	stal Code			
Postal Address									ı	1	
(if different from above)											
							Ро	stal Code			
Contact number	Landlin	ie:									
	Mobile	:									
Email address											
Website											
SAQA Code of the											
Accredited Programme											
2. Person in Charge of th	ne Nursin	g Educ	cation	and Tra	ining						
Full names and Surname											
SANC Reference Number	1										
Professional Qualifications											
(e.g. Additional Qualification											
in Nursing Education)											



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

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/Refug	ee ID num	ber											
Passport Number													
· Country of Issue													
· Date of Issue	Υ	Υ	Υ	Υ	-	M	M	-	D	D			
· Date of Expiry	Υ	Υ	Υ	Υ	-	M	\mathbb{N}	-	D	D			
Passport holders: This application m	oust be acc	companie	ed by a va	ılid study	visa for th	ne duratio	n of studi	es in line	with RSA	law.			
3.1 Learner Study Details													
Date of Commencement of training	Υ	Υ	Υ	Υ	-	M	M	-	D	D			
Date of Termination (if applicable)	Υ	Υ	Υ	Υ	-	M	M	-	D	D			
Date of Resumption (if applicable)	Υ	Υ	Υ	Υ	-	M	M	-	D	D			
Date of Completion of training	Υ	Υ	Υ	Υ	-	M	M	-	D	D			
		•		•									

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 knowledge of natural and biological sciences in the practice of nursing.				
4.1.2 Apply knowledge of psycho-social sciences in the practice of nursing.				
4.1.3 Apply knowledge of pharmacology in nursing practice.				
4.1.4 Provide nursing care throughout the lifespan in various healthcare settings.				
4.1.5 Render nursing care within a legal and ethical framework.				
4.1.6 Use and maintain healthcare information systems for nursing practice.				
4.1.7 Manage a healthcare unit by implementing the management process				
4.1.8 Provide reproductive health care to promote and maintain optimum health of individuals and families.				
Fundamental credits	32 credits			
Core credits	131 credits			
Grand total = Fundamental+ Core credits	163 credits			

4.2 Work integrated learning:				
WIL in line with the Scope of Practice R 2127 of 3 June 2022	WIL Modules as per Accredited	Prescribed Credits as per Accredited	Credits Achieved by	For Office
Exit Level Outcomes (ELOS)	Programme	Programme	learner	use
4.2.1 Apply knowledge of natural and biological sciences in the practice of nursing.				
4.2.2 Apply knowledge of psycho-social sciences in the practice of nursing.				
4.2.3 Apply knowledge of pharmacology in nursing practice.				
4.2.4 Provide nursing care throughout the lifespan in various healthcare settings.				
4.2.5 Render nursing care within a legal and ethical framework.				
4.2.6 Use and maintain healthcare information systems for nursing practice				
4.2.7 Manage a healthcare unit by implementing the management process				
4.2.8 Provide reproductive health care to promote and maintain optimum health of individuals and families				
CPL -118.2/1182	118.2			
SIM -39.4/394	39.4			
LRT -39.4/394	39.4			
Total	197 credits			
One (1) credit is equal to Ten (10) notional hours				

redits achieved by learner	For Office Use		

KEY / LEG	END: WIL Distribution	% Distribution	Credits
CPL	Clinical Placement for learning(supervised)	60%	118.2
SIM	Simulation	20% (max.)	39.4
LRT	Learning for Role Taking	20% (max.)	39.4

4.2.2 SANC approved clinical	facilities used for WIL placement of I	earners	
Name of the Facility	Name of Unit / Ward	Credits achieved by learner	For Office use
		Total	
Other experiential learning si	tes used for WIL placement of learne	ers	
·			
		Total	

5. Summative Assessment Outco	omes:		
5.1 Theory			
Module code	Assessment Outcomes %	Pass / Fail	For Office Use
First year / level 1			
Second year / level 2			
Third year / level 3			
The year y to to to			

5.2 Work Integrate	d Lea	rnin	g (W	IL)																		
Module code						As	sess	mer	nt Ou	itcom	es					Pass	s/Fail	l		F	or O	ffice use
First year / level 1																						
Second year / level	2																					
-																						
Third year / level 3																						
KEY / LEGEND: Mod	ule C	odes	s (wh	ere	appli	cable	2)															
Module Code			•		··			nam	ne / c	lescrip	otic	n								F	or O	ffice use
										•												
					ļ																	
6. Record of leav	e ta	ken																				
Type of Leave (e.g. annual, sick)	Sta	art da	ate													End	date					No. of days
(e.g. annual, sick)	Υ	Υ	Υ	Υ	-	M	M	-	D	D		Υ	Υ	Υ	Υ	-	M	M	-	D	D	days
	Υ	Υ	Υ	Υ	-	M	M	-	D	D		Υ	Υ	Υ	Υ	-	M	M	-	D	D	
	Υ	Υ	Υ	Υ	-	M	M	-	D	D		Υ	Υ	Υ	Υ	-	M	M	-	D	D	
	Υ	Y	Υ	Υ	-	M	M	-	D	D		Y	Υ	Υ	Υ	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D D		Y	Y	Y	Y	-	M	M	-	D D	D D	+
	Υ	Υ	Υ	Υ	-	M	M	-	D	D		Υ	Υ	Υ	Υ	-	M	M	-	D	D	+
	Υ	Υ	Υ	Υ	-	M	M	-	D	D		Υ	Υ	Υ	Υ	-	M	M	-	D	D	
	Υ	Υ	Υ	Υ	-	M	\mathbb{N}	-	D	D		Υ	Υ	Υ	Υ	-	M	M	-	D	D	

7. Declaration that the lea	rner has m	net the e	educatio	n and	training	requirer	nents in	terms	of Gove	rnment	Notice
No. 171 of 8 March 201: Learner names and surname (in		1									
,	ı juii)					1					<u> </u>
SANC Reference Number		1									
Name of Nursing Education Ins	titution										
Date of Commencement of trai	Υ	Υ	Υ	Υ	-	M	M	-	D	D	
Date of Completion of training		Υ	Υ	Υ	Υ	-	M	M	-	D	D
7.1 Declaration by The Subj	ect Head /	' Prograi	mme Co	ordina	tor						
I hereby declare that the afore	e-mentioned	d learner	has com	plied w	ith all th	ne prescrib	ed educ	ation an	d trainin	g requir	ements for
registration in the category Ger	neral Nurse	in terms	of Gover	nment	Notice N	lo. R. 171	of 8 Marc	ch 2013			
I further declare that:											
The information provided in	is accurate a	and base	d on the	authen	tic educa	ition and t	raining re	ecords of	f the said	l learner	
All the education and train	ing of the le	earner wa	as accura	tely red	orded fo	r the dura	ition of th	he progra	amme.		
The Nursing Education Inst	_			-						ing. but	not limited
to, assessment and clinical		1			0			0	,	0,	
There is no evidence that s		ion and t	raining re	ecords v	were tan	nnered wit	h or are	in anvwa	v fraudu	lent	
 If any tampering of the red 			_			-		-	•		nmediately
notify the South Africa Nur					cica arti	i tilis acc	iarationi	3 maac,	i unacito	arc to iii	inicalately
I fully understand that any entr	_			_	·hrough i	microproce	ntation	will bo d	olotod/ro	moved	from the
register.	y into the re	egistei iii	iaue III ei	101 01 1	.iii Ougii i	ilisiepiese	entation	will be ut	eleteu/Te	illoveu	nom the
SANC Reference Number	1										
Full names and Surname			I						I	L	
Designation											
Signature											
Date	Υ	Υ	Υ	Υ		- 1	VI	M	-	D	D
7.2 Declaration by The Pers	on in Char	ge of th	e Nursin	g Edu	cation Ir	nstitution	1				
· I declare that the informat	ion provide	d is accur	rate and l	based c	n the au	thentic ed	lucation a	and train	ing recor	rds of th	e said
learner. I fully understand	the meanin	g and im	plications	of this	declara	tion.					
 I fully understand that any 											
declaration may be charge	d with an o	ffence in	terms of	section	46 and	54 of the I	Nursing A	Act, 2005	(Act No.	33 of 20	ე05).
SANC Reference Number	1										
Full names and Surname											
Designation											
Signature											

Affix Stamp of the Nursing Education Institution here

Date

SANC 14-13 (2025)