

## Application for Registration as a Learner Nurse/Midwife/Specialist

Please complete all required information using a ballpoint pen and print clearly.

No correction fluid must be used on the forms.

A certified copy of your **identity document or passport** (the details of which are reflected in this application) and your **school leaving certificate** must be submitted together with this application. If either of these two documents is in a language which is not an official language of South Africa, a sworn translation of the document, made by a certified translator, must accompany the document.

### Programme to be followed

R.169	Higher Certificate in Nursing	180	
R.171	Diploma in Nursing	179	
R.174	Bachelor of Nursing	178	
R.1497	Advanced Diploma in Midwifery	181	
R.635	Postgraduate Diploma		
Other (please specify)			

### Learner Details

SANC Reference Number	1												
Title (Tick one block)	Dr				Mr				Ms				
Surname (Family name)													
Given Names (In full)													
Maiden Name (If applicable)													
Gender (Tick one block)	Female						Male						
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D			
Country of Citizenship													
Current SA Residential Status (tick one block)	SA Citizen			SA Resident			Residing outside RSA			Refugee		Asylum Seeker	
South African Identity Number													
OR alternatively, for those applicants who do not have a South African Identity Number													
— Passport Number													
— Passport Country of Issue													
— Passport Issue Date	Y	Y	Y	Y	-	M	M	-	D	D			
— Passport Expiry Date	Y	Y	Y	Y	-	M	M	-	D	D			
OR alternatively, for Refugee/Asylum Seekers													
— Permit Number													

### Qualification Details

Name of Institution										
Highest Educational Standard/Grade										
Year completed	Y	Y	Y	Y						

### Contact details

Postal Address <i>(Address for all correspondence)</i>										
	Postal Code									
Residential Address <i>(if different from postal address)</i>										
	Postal Code									
Contact number										
Email address										

### Details of programme to be followed

Name of Nursing Education Institution										
Date of commencement / resumption of training	Y	Y	Y	Y	-	M	M	-	D	D
Which year of the programme will you be entering? <i>(tick one block:</i>	1 <sup>st</sup> Year		2 <sup>nd</sup> Year			3 <sup>rd</sup> Year			4 <sup>th</sup> Year	

### Declaration by Learner

Answer these six questions with a definite "YES" or "NO" by making a tick (☑) in the appropriate block. If the reply to any of the questions is "YES", full particulars must be submitted together with the application.

**WARNING:**  
An incorrect answer to any of these questions could lead to professional conduct action being taken against you. If you are in doubt as to how to answer one or more of these questions, please contact the SANC for assistance on the last page.

1. Are you now, or have you previously been registered or enrolled with the South African Nursing Council as a Nurse/ Midwife/ Nursing Auxiliary?	YES	NO
2. Are you now, or have you previously been registered or enrolled with the South African Nursing Council as a <b>Student Nurse/ Midwife</b> or as a <b>Pupil Nurse/ Nursing Auxiliary</b> ?	YES	NO
3. Have you been terminated from training? If "YES" attach <i>Notice of Termination</i> from previous NEI?	YES	NO
4. Have you ever been found guilty of an offence in any country?	YES	NO
5. Is a charge of an offence pending against you in any country?	YES	NO
6. Are you studying this course full-time or part time?	Full time	Part time

**Learner Statistical Information** (unless otherwise indicated, mark ONE block in each section with a cross "X")

<b>Province in which you live</b>	Eastern Cape	EC	Mpumalanga	MP
	Free State	FS	Northern Cape	NC
	Gauteng	GP	North West	NW
	KwaZulu-Natal	KZN	Western Cape	WC
	Limpopo	LP		
<b>Employment equity code</b> (Dept. of Labour codes)	Black African	BA	Indian/Asian	IA
	Coloured Person	CP	White	WH
<b>Nationality</b>	South Africa	SA	Democratic Republic of Congo	DRC
	Angola	ANG	Zambia	ZAM
	Botswana	BOT	Zimbabwe	ZIM
	Lesotho	LES	Rest of Africa	ROA
	Malawi	MAL		
	Mauritius	MAU	Asian Countries	AIS
	Mozambique	MOZ	Australia and New Zealand	AUS
	Namibia	NAM	Central and South America	SOU
	Seychelles	SEY	European Countries	EUR
	Swaziland	SWA	North American Countries	NOR
	Tanzania	TAN	Other and rest of Oceania	OOO
			Sesotho	SES
			Setswana	SET
		siSwati	SWA	
		South African Sign Language	SASL	
		Tshivenda	TSH	
		Xitsonga	XIT	
	Other (please specify)		OTH	
<b>Resident status</b>	SA Citizen	SA	SA Permanent Resident	PR
	Dual (SA plus other)	DU	Other	OT
	Please specify other:			
<b>Socio-economic status</b>	Employed – on study leave			01
	Not working – student			06
<b>Disability status</b> (If necessary, please select more than one item under this section)	None			00
	Sight:	Experience problems even when wearing spectacles / contact lenses		01
	Hearing:	Experience problems even when wearing hearing aid or with implant		02
	Communication:	Talking / listening		03
	Physical:	Moving / standing / grasping		04
	Intellectual:	Difficulties in learning/challenged		05
	Emotional:	Behavioural or psychological		06
	Other:	Not mentioned above		09

**Declaration by learner**

<i>I certify that the information on this application form is true and correct</i>											
<b>Full names and Surname</b>											
<b>Signature of Applicant</b>											
<b>Date</b>	Y	Y	Y	Y	-	M	M	-	D	D	

**Declaration by the Designated Person in Charge of Education and Training**

I .....certify that I have checked this application form for completeness and accuracy, and to the best of my knowledge it is true and correct (based on the information supplied to me).

NB. 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, (Act 33 of 2005).

<i>I certify that the information on this application form is true and correct</i>																
<b>Full names and Surname</b>																
<b>Signature of the person in charge of NEI</b>																
<b>Date</b>						Y	Y	Y	Y	-	M	M	-	D	D	

*Stamp of Nursing Education Institution*

**Banking Details**

Name of the Bank	First National Bank (FNB)
Branch Code	25 15 45
Name of Account Holder	South African Nursing Council
Account Number	51425166282
Amount payable	<b>R330-00 paid</b> by the Nursing Education Institution on behalf of the learner
Deposit Reference	S (NEI number)

**N.B.:** Documents to be submitted within 2 months (60 days) of commencement date of training.

A penalty fee of **R1 040-00** per applicant will be levied on the NEI for **late submission** of learner documents.

**SA Nursing Council Contact Details**

<b>Postal Address</b> The Registrar South African Nursing Council Private Bag X132 PRETORIA 0001	<b>Physical Address</b> The Registrar South African Nursing Council 602 Pretorius Street Arcadia PRETORIA 0083
<b>Contact Number (Call Centre)</b>	012 420-1000
<b>Fax Number</b>	012 343-5400 (24-hour)
<b>Email Address</b>	<a href="mailto:learnerdesk@sanc.co.za">learnerdesk@sanc.co.za</a>
<b>Website</b>	<a href="http://www.sanc.co.za">www.sanc.co.za</a>

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