



South African Nursing Council
Regulating nursing, advocating for the public

Application for Registration of an Additional Qualification

Personal Details

SA Nursing Council Reference Number	1																			
Title <i>(tick <input type="checkbox"/> one box)</i>	Dr			Mr			Ms			Prof										
Surname																				
Given Names <i>(in full)</i>																				
Maiden Name <i>(if applicable)</i>																				
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D										
South African Identity Number																				
OR <i>alternatively, for those applicants who do not have a South African Identity Number:</i>																				
- 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										

Contact Details

Postal Address <i>(address for all correspondence)</i>																						
																		Postal Code				
Contact number	+	()																
E-mail address																						

Qualification Details

Name of Training Institution																				
Qualification <i>(as stated on Certificate/Diploma)</i>																				
Date of Commencement of course	Y	Y	Y	Y	-	M	M	-	D	D										
Date of Completion of course	Y	Y	Y	Y	-	M	M	-	D	D										



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Republic of South Africa



Tel: 012 420 1000
Fax: 012 343 5400
SANC Fraud Hotline: 0800 377 377



website: www.sanc.co.za

Application for Registration of an Additional Qualification (cont...)

Payment Details

Name of Bank	FIRST NATIONAL BANK
Account Number	514 2118 6193
Branch Code	25 15 45
Payment Reference	SANCSNumberADDQUAL (eg. 12345678ADDQUAL)
Amount Payable	R510.00
Email proof of payment to	additionalqualifications@sanc.co.za

Applicant Signature

Signature of Applicant											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

SANC-6 (2025)