

Application for Learners to be admitted to a SANC Examination

Examination Details

Regulation Number and full name of Examination for the course according to the exam schedule	R.									
Date of Examination Date	Υ	Υ	Υ	Υ	-	M	\mathbb{N}	-	D	D
Name of Nursing Education Institution (NEI)										
S-number of NEI	S									
Name of Examination Centre										
Date of Completion of Course	Υ	Υ	Υ	Υ	-	M	M	-	D	D

Candidate Details

SANC Ref No	Surname	Full Names	Signature of learner

Declaration by Person in Charge of NEI

•	I hereby certify that the above-named learners are eligible for admission to the examination for this course in										
	terms of regulations for the course (as amended).										
•	I furthermore certify that learner(s) who previously failed the above-mentioned examination twice has/have									?	
	not undergone the relevant remedial training as stipulated in Circular 6/2007.										
Ful	Names and Surname										
Dat	e	Υ	Y	Υ	Υ	-	M	\mathbb{N}	-	D	D
Sig	nature										

SANC-23 (2025)



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