



South African Nursing Council
(Under the provisions of the Nursing Act, 2005)

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Republic of South Africa

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EMPLOYER RETURNS – EMPLOYEE INFORMATION SHEET

Instructions:

- The following information must be submitted in respect of every nursing/midwifery practitioner employed by the organisation.
- Compulsory information is indicated by an asterisk (*) after the field description.
- Please complete using a black/blue ballpoint pen. Print the information neatly in the spaces provided.

1. Compulsory Information:

- 1.1 SANC reference number: (*)
- 1.2 Surname (family name): (*)
- 1.3 Full given names: (*)
- 1.4 South African identity number: (*)
- OR (compulsory only if no South African Number) (*)
- Passport Number:
- Country of Issue:
- 1.5 Date of Birth: (*)
- 1.6 MOBILE phone number (if any): (*)
- 1.7 Residential address (physical address at HOME): (*)
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- 1.8 Name of employer: (*)
- 1.9 Area of Employment (please indicate predominant area of employment): (*)
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2. Personal Contact Details:

- 2.1 HOME phone number:
- 2.2 HOME fax number:
- 2.3 WORK phone number:
- 2.4 WORK fax number:
- 2.5 Email address:

3. Statistical Information:

3.1 Province in which you live (tick one):

Eastern Cape	<input type="checkbox"/>	EC	Free State	<input type="checkbox"/>	FS	Gauteng	<input type="checkbox"/>	GP
KwaZulu/Natal	<input type="checkbox"/>	KZN	Limpopo	<input type="checkbox"/>	LP	Mpumulanga	<input type="checkbox"/>	MP
Northern Cape	<input type="checkbox"/>	NC	North-West	<input type="checkbox"/>	NW	Western Cape	<input type="checkbox"/>	WC

3.2 Employment equity code (Department of Labour codes) (tick one):

African	<input type="checkbox"/>	BA	Coloured	<input type="checkbox"/>	BC
Indian/Asian	<input type="checkbox"/>	BI	White	<input type="checkbox"/>	WH

3.3 Nationality (tick one):

South Africa	<input type="checkbox"/>	SA	Zaire	<input type="checkbox"/>	ZAI
Angola	<input type="checkbox"/>	ANG	Zambia	<input type="checkbox"/>	ZAM
Botswana	<input type="checkbox"/>	BOT	Zimbabwe	<input type="checkbox"/>	ZIM
Lesotho	<input type="checkbox"/>	LES	Rest of Africa	<input type="checkbox"/>	ROA
Malawi	<input type="checkbox"/>	MAL			
Mauritius	<input type="checkbox"/>	MAU	Asian Countries	<input type="checkbox"/>	AIS
Mozambique	<input type="checkbox"/>	MOZ	Australia and New Zealand	<input type="checkbox"/>	AUS
Namibia	<input type="checkbox"/>	NAM	Central and South America	<input type="checkbox"/>	SOU
Seychelles	<input type="checkbox"/>	SEY	European Countries	<input type="checkbox"/>	EUR
Swaziland	<input type="checkbox"/>	SWA	North American Countries	<input type="checkbox"/>	NOR
Tanzania	<input type="checkbox"/>	TAN	Other and Rest of Ociana	<input type="checkbox"/>	OOC

3.4 Home language (if more than one, predominant home language) (tick one):

Afrikaans	<input type="checkbox"/>	AFR	Sesotho	<input type="checkbox"/>	SES
English	<input type="checkbox"/>	ENG	Setswana	<input type="checkbox"/>	SET
isiNdebele	<input type="checkbox"/>	NDE	siSwati	<input type="checkbox"/>	SWA
isiXhosa	<input type="checkbox"/>	XHO	South African Sign Language	<input type="checkbox"/>	SASL
isiZulu	<input type="checkbox"/>	ZUL	Tshivenda	<input type="checkbox"/>	TSH
Sepedi	<input type="checkbox"/>	SEP	Xitsonga	<input type="checkbox"/>	XIT
Other	<input type="checkbox"/>	OTH	If Other, please specify		

3.5 Resident status (tick one):

SA Citizen	<input type="checkbox"/>	SA	Permanent Resident	<input type="checkbox"/>	PR
Dual (SA plus other)	<input type="checkbox"/>	D	Other	<input type="checkbox"/>	O
If Other, please specify					

3.6 Disability status (tick all that apply):

None			00
Sight	(Even with glasses)		01
Hearing	(Even with hearing aid)		02
Communication	(Talking / listening)		03
Physical	(Moving / standing / grasping)		04
Intellectual	(Difficulties in learning / retardation)		05
Emotional	(Behavioural or psychological)		06
Other	(Not mentioned above)		09