



# SOUTH AFRICAN NURSING COUNCIL

## NOTIFICATION OF COMPLETION OF TRAINING

### EDUCATION AND TRAINING FOR THE DIPLOMA IN CLINICAL NURSING SCIENCE, HEALTH ASSESSMENT, TREATMENT AND CARE

*Government Notice No. R.48 of 22 January 1982 (as amended)*

- This information must be provided by the Person in charge of the Nursing Education Institution
- Incomplete and incorrect forms will not be processed

#### 1. DETAILS OF THE NURSING EDUCATION INSTITUTION

Name ( as approved by Council)	
Correspondence Number (S- File No.)	
Accreditation certificate number	
Physical address	Postal address
Postcode	Postcode
Telephone Number(s)	
Fax Number	
E-mail Address	

#### 2. DETAILS OF PERSON IN CHARGE OF NURSING EDUCATION INSTITUTION

Name of Person In Charge of the Nursing Education	
SANC Reference Number	
Professional Qualifications (not academic qualifications)	

#### 3. NAME OF UNIVERSITY OF AFFILIATION / ASSOCIATION (IN CASE OF COLLEGE OR NURSING SCHOOL)

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4. LEARNER DETAILS				FOR OFFICE USE	
Surname					
Given Names in full (according to ID/Passport)					
SANC Reference Number					
SA Identity Document Number/					
<b>OR</b> <b>(if</b> <b>foreign)</b>	Passport Number				
	Country of issue				
Date of Commencement		(Year)	(Month)	(Day)	
Date of Resumption (if applicable)		(Year)	(Month)	(Day)	
Date of Completion		(Year)	(Month)	(Day)	
5. RECORD OF EDUCATION AND TRAINING (N.B. TRANSLATE COUNCIL PERIODS TO HOURS)					
5.1.Total Theory	Prescribed Hours		Achieved Hours	For office use	
	By SANC	NEI			
- General Disease Conditions					
- Health assessment, Treatment and Care					
- Health Care Systems					
- Research Methodology and Interpretation of Data					
- Other (specify)					
<b>Total</b>					
5.2 PRACTICA					
5.2.1 Practice area	Approved	Achieved Hours		Total	For office use
<i>Minimum total = 960hours</i>		Day	Night		
Outpatient Department /Casualty					
Comprehensive Health Care Centres					
Clinics					
Other (specify)					
<b>Total</b>					

**5.3 SUMMATIVE ASSESSMENT OUTCOMES / YEAR MARK FOR SANC EXAMINATIONS**

Theory	Practica	For office use
Other (specify)		

**5.4 COURSE CODE NAMES CODE FOR OFFICE USE**

5.4 COURSE CODE NAMES	CODE	FOR OFFICE USE

**6. APPROVED / ACCREDITED CLINICAL FACILITY USED FOR PLACEMENT**

Name of Clinical Facility	From	To	For office use
Other (specify)			

**7. LEAVE GRANTED For Office Use**

TYPE OF LEAVE (vacation, sick, etc.)	FROM (Full dates)	TO (Full dates)	For Office Use

**Declaration that a learner has met the educational requirements to be registered as an additional qualification in Clinical Nursing, Health Assessment, Treatment and Care**

**Learner details**

Surname \_\_\_\_\_  
 Given names in full \_\_\_\_\_  
 SANC reference number \_\_\_\_\_  
 South African identity document number \_\_\_\_\_  
 OR Passport number \_\_\_\_\_  
 Country of issue \_\_\_\_\_

**Training details(\*)**

Name of Institution: \_\_\_\_\_

Date of commencement	Year: _____	Month: _____	Day: _____
Date of completion	Year: _____	Month: _____	Day: _____

**Declaration by Person in charge of nursing education programme**

I hereby declare that the aforementioned learner:

- Has complied with all the prescribed minimum education and training programme requirements for registration of an additional qualification in Clinical Nursing, Health Assessment, Treatment and Care in terms of Government Notice No. R.48 of 22 January 1982 (as amended); and
- Has been assessed and found to have the required competencies as per the prescribed teaching guide to practice in accordance with the prescribed scope of practice of a Registered Nurse.

I further declare that:

- The information provided is accurate and based on the authentic education and training records of the said learner;
- All the education and training of the learner were accurately recorded for the duration of the programme;
- The nursing education institution has in its possession all the original education and training records, including but not limited to assessment and clinical records;
- There is no evidence that such training records were tampered with or are in any way fraudulent; and
- In the event that any tampering of the record or fraudulent records are detected after this declaration is made, I undertake to immediately notify the Council thereof in writing.

I fully understand the meaning and implications of this declaration(\*\*)

Full names (Print) \_\_\_\_\_  
 Designation \_\_\_\_\_  
 SANC reference number \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**Declaration by Person in charge of nursing education institution**

I declare that the information provided is accurate and based on the authentic education and training records of the said learner.

I fully understand the meaning and implications of this declaration(\*\*)

Full names (Print) \_\_\_\_\_  
 Designation \_\_\_\_\_  
 SANC reference number \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Affix Stamp of the Nursing Education Institution here

(\*) Any entry into the register made in error or through misrepresentation will be deleted/removed from the register.

(\*\*) 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 sections 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).