

Contact Details:

Telephone Number (home)															
Telephone Number (work)															
Cellphone Number															
Fax Number															
E-mail Address															

Qualification Details:

Nursing Education Institution Number																				
Name of Nursing Education Institution																				
Name of Course Completed	Course leading to Registration as Nurse (General, Psychiatric and Community) and Midwife																			
Completion Date	(yyyy-mm-dd)										Y	Y	Y	Y	-	M	M	-	D	D
Name of Qualification																				
Date Qualification to be Issued / Issued	(yyyy-mm-dd)										Y	Y	Y	Y	-	M	M	-	D	D

Details of Community Service:

Name of Health Establishment (where Community Service will be performed)																				
Name of Town / City																				
Province																				
Date of Commencement of Community Service	(yyyy-mm-dd)										Y	Y	Y	Y	-	M	M	-	D	D

Signed by Applicant:

I certify that the information provided in this application is true and correct																				
Signature																				
Date	(yyyy-mm-dd)										Y	Y	Y	Y	-	M	M	-	D	D

Declaration by Head of Nursing Education Institution:

I declare that: – I have checked the application for both content and completeness; – the applicant has completed and met all the requirements of the course; – the applicant has been / will be issued the above qualification by the above named institution on the date indicated – I may be held personally responsible for any errors or omissions in connection with this application																				
Signature																				
Print Name																				
S. A. Nursing Council Reference Number																				
Date	(yyyy-mm-dd)										Y	Y	Y	Y	-	M	M	-	D	D

Stamp of Nursing Education Institution

Please note that when this form is submitted to the Nursing Council it must be accompanied by the following items:

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| 1. <u>Certified</u> copy of applicants identity document or passport |
| 2. Official transcript of training for the abovementioned course |
| 3. Registration fee of R150-00 (including VAT) or proof of payment |

FOR OFFICE USE ONLY			
Check		Card	
		Cash	
		Cheque	
		Direct deposit	
		Postal Order	