

Address to which your registration certificate should be posted (if different):

					<p>NOTE: Enter the postal address to which your registration certificate and/or any correspondence in connection with your registration should be sent.</p> <p>The address details entered here will <u>not</u> be recorded in the register.</p>
Postcode					

Contact Details:

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

Details of Community Service:

Name of Health Establishment (where Community Service was completed)															
Name of Town / City															
Province															
Date of Commencement of Community Service (yyyy-mm-dd)															
Date of Completion of Community Service (yyyy-mm-dd)															

Signed by Practitioner:

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

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

1. Registration fees of R300-00 (including VAT) or proof of payment (i.e. R150 for registration as Nurse and R150 for registration as Midwife)

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

Signed by Head of Public Health Establishment:

I certify that the above named practitioner has completed the required 12-month period of Community Service at this Public Health Establishment starting on the commencement date and ending on the completion date indicated above															
Signature															
Print Name															
Date (yyyy-mm-dd)															

Stamp of Public Health Establishment

Signed by Provincial Coordinator for Community Service:

I certify that the above named practitioner has completed the 12-month period of Community Service required in terms of the regulations and is now eligible to be registered as Professional Nurse.															
Signature															
Print Name															
Date (yyyy-mm-dd)															