



**APPLICATION FOR RESTORATION TO THE REGISTER IN TERMS OF SECTION 44
OF THE NURSING ACT 2005, READ WITH SUB REGULATION 9 OF REGULATION
NO. 195 OF 19 FEBRUARY 2008 (AS AMENDED)**

This form may only be used by a Nurse Practitioner who wishes to restore to the register for the sole purpose of assisting in the prevention of COVID-19, and or prevention of the spread of COVID-19, and or the treatment of healthcare users affected by COVID-19 for the period of the declared National State of Disaster. Any other nurse shall use the standard Restoration Application form.

Herewith I _____ (full names) with Identity
Number _____ and SANC reference number
_____ wish to restore my name to the SANC register for the above reasons
and time frames. My contact details are as follows:
E-mail address: _____
Cell phone number: _____

NB: This form must be submitted to the Provincial Department of Health that will be deploying you.

You may not practise until the Provincial Department of Health has received confirmation under the hand of the Registrar that you have been restored to the SANC register.

- * This Restoration will lapse upon the end of the National State of Disaster.**
- ** The SANC reserves the right to cancel any restoration found to be done under false pretences or with false information.**
- *** Any person that was removed from the Register by the SANC for any reason besides non-payment or voluntary removal does not qualify to restore via this process.**

Signature

Date.....