



South African Nursing Council

(Under the provisions of the Nursing Act, 2005)

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APPLICATION FORM FOR LEARNERS TO BE ADMITTED TO A NURSING COUNCIL EXAMINATION

FULL NAME OF EXAMINATION AND REGULATION NUMBER OF THE COURSE ACCORDING TO THE EXAM SCHEDULE:

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EXAMINATION DATE: YEAR: MONTH:

NAME OF NURSING EDUCATION INSTITUTION:

NURSING EDUCATION INSTITUTION NUMBER:

EXAMINATION CENTRE:

Surname and full given names of learner:	SANC reference number:	Cell phone number of learner:	Signature of learner:

I,

(FULL NAME OF PERSON IN CHARGE OF NURSING EDUCATION INSTITUTION)

hereby certify that the above named learners are eligible for admission to the examination for this course in terms of the regulations for the course (as amended).

I furthermore certify that the learners who previously failed the abovementioned examination twice have/have not undergone the relevant remedial training as stipulated in Circular 6/2007.

SIGNATURE:

DATE: