

Application for registration in the category Community Service (Applicants who obtained their qualification outside of South Africa)

Instructions:

1. This form is to be used **only** by applicants who obtained their qualification **outside of South Africa**.
2. Please complete all required information using a ballpoint pen.
3. Print all information clearly.
4. This form must **only** be submitted to the Nursing Council if and when you are requested to do so by the Council – this will be determined after the Council has evaluated your qualification.

Personal Details:

S. A. Nursing Council Reference Number:										<p>NOTE:</p> <p>The details entered here must correspond exactly with the details shown in your South African Identity Document or your passport.</p>													
Title: (tick ✓ one box)					Dr.		Mr.		Ms.											Prof.			
Surname:																							
Given Names (in full):																							
Maiden Name (if applicable):																							
Sex: (tick ✓ one box)					Female					Male													
Date of Birth: (yyyy-mm-dd)					Y	Y	Y	Y	–	M	M	–	D	D									
South African Identity Number:																							
OR alternatively, for those applicants who do not have a South African Identity Number:																							
– Passport Number:																							
– Passport Country of Issue:																							
– Passport Expiry Date: (yyyy-mm-dd)					Y	Y	Y	Y	–	M	M	–	D	D									

Postal Address:

										<p>NOTE:</p> <p>Enter your home postal address – to be recorded in the register</p> <p><u>Do not</u> use the address of the health establishment where you will be performing community service.</p>											
Postal Code:																					

Residential Address (if different):

										<p>NOTE: Enter your home residential address here <u>only</u> if it is different to your postal address.</p> <p><u>Do not</u> use the address of the health establishment where you will be performing community service.</p>											
Postal Code:																					

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 this application should be sent. The address details entered here will <u>not</u> be recorded in the register.</p>											
Postal Code:																					

Contact Details:

Telephone Number (home):															
Telephone Number (work):															
Cellular phone Number:															
Fax Number:															
E-mail Address:															

Qualification Details:

Country where Qualification Issued:																
Name of Nursing Education Institution:																
Name of Qualification:																
Date Qualification Issued:	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					
Name of Regulatory body in Country where issued:																
Details of Legislation (under which qualification was issued – if applicable):																

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					

Please Note that when this form is submitted to the S.A. Nursing Council it must be accompanied by the following items:

1. Certified copy of applicant's identity document or passport.
2. Registration fee of **R400-00**^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use the SANC number followed immediately by **REGFPRA** as reference.
(*) The abovementioned fee applies from **01 January 2020**.

FOR OFFICE USE ONLY		
Check	Card	
	Cash	
	Cheque	
	Direct deposit	



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