

Community Service Completion Report

- Instructions:**
1. Please complete all required information using a ballpoint pen.
 2. Print all information clearly.
 3. All information must be supplied – this will ensure that details which may have changed during the period of Community Service are correctly updated in the register.

Personal Details of Practitioner:

S. A. Nursing Council Reference Number											NOTE: If you have changed any of the details appearing in your identity document or passport since registering as a student and if you have not already done so, you must submit certified proof substantiating the change together with this application.	
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:

	NOTE: Enter your home postal address – to be recorded in the register. <u>Do not</u> use the address of the health establishment where you performed Community Service.
Postal Code: <input style="width: 20px;" type="text"/>	

Residential Address (if different):

	NOTE: Enter your home residential address here <u>only</u> if it is different to your postal address. <u>Do not</u> use the address of the health establishment where you performed Community Service.
Postal Code: <input style="width: 20px;" type="text"/>	

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

	NOTE: Enter the postal address to which your registration certificate and/or any correspondence in connection with your registration should be sent. The address details entered here will <u>not</u> be recorded in the register.
Postal Code: <input style="width: 20px;" type="text"/>	

Contact Details:

Telephone Number (home):															
Telephone Number (work):															
Cellular phone 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)	Y	Y	Y	Y	-	M	M	-	D	D					
Date of completion of Community Service:	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

Signed by Practitioner:

I certify that the information provided in this report is true and correct.																
<u>Signature:</u>																
Date:	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

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

1. Registration fees of **R800-00**^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately thereafter by **REGFPRA** as reference.

^(*) R800 equals R400-00 for registration as a Nurse plus R400-00 for registration as Midwife.

The above-mentioned fee applies from **01 January 2020**.

FOR OFFICE USE ONLY		
Check		Card
		Cash
		Cheque
		Direct deposit

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.																
<u>Signature:</u>																
Print Name:																
Date:	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

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.																
<u>Signature:</u>																
Print Name:																
Date:	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

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