South African Nursing Council
Regulating nursing, advocating for the public

Application for Enrolment as a Nursing Auxiliary
OR Application for Enrolment as a Nurse

Personal Details:

SA Nursing Council Reference Number:																		
Title: *(tick ✓ one box)*	Dr.		Mr.		Ms.		Prof.											
Surname:																		
Given Names (in full):																		
Maiden Name (if applicable):																		
Gender: *(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								

NOTE:

The application form must be accompanied by the Notice of Termination and the Record of Training. Failure to submit these records will result in an unprocessed application.

Contact Details:

Postal Address:																		
														Postal Code:				
Contact number (cell phone):																		
Contact number (work):																		

Qualification Details:

Qualification: *(tick ✓one box)*	Nursing Auxiliary	Enrolled Nurse
Name of Training Institution:		

Banking Details:

Name of Bank:	FIRST NATIONAL BANK
Account Number:	514 2118 6193
Branch Code:	25 15 45
Fax proof of payment to:	(012) 426 9516
Amount Payable for Certificate:	**R400.00**
Signature of Applicant:	
Date:	

Cecilia Makiwane Building,
602 Pretorius Street, Arcadia, Pretoria 0083
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Fax: 012 343 5400
SANC Fraud Hotline: 0800 20 12 16

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