

Application for Registration of a Foreign Qualification

Personal Details:

SA Nursing Council Reference Number										
Title: <i>(tick one block)</i>	Dr.	Mr.	Ms.	Prof.						
Surname: <i>(family name)</i>										
Given Names: <i>(in full)</i>										
Maiden Name: <i>(if applicable)</i>										
Gender: <i>(tick one block)</i>	Female					Male				
Date of Birth: <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D
Country of Citizenship:										
Current SA Residential Status: <i>(tick block)</i>	SA Citizen	SA Resident	Residing outside RSA					Refugee	Asylum Seeker	
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: <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D
OR alternatively, for Refugee/Asylum Seekers:										
- Permit Number:										

Contact Details:

Postal Address: (Address for all correspondence)										
	Postal Code:									
Residential Address: (If different)										
	Postal Code:									
Contact number:										
Email address:										

Alternative Person's Contact Details:

Name of alternative person:										
Relationship:										
Contact number:										
Email address:										

Purpose of Application (tick one block):

Elective Practica	Employment	Research	Study	Voluntary Service
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NOTE:

If your application is based on Nursing or Midwifery qualifications obtained outside South Africa, you must complete one of these pages for **each** qualification **and pay the application fee for each qualification.**

Details of Institution where qualification was obtained:

Name of Institution:																					
Country:																					
Postal Address:																					
Physical Address: (address for Courier)																					
Contact Number:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

Qualification Details:

(Tick applicable boxes)

Basic Qualification:

Post-Basic qualification:

Number of qualifications applying for:

1		2		3	
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Name of Programme:											
Language of Instruction:											
Qualification (as stated on Certificate/ Diploma):	General Nurse	Midwife	Psychiatric Nurse	Community Nurse	Other (specify)						
Post-Basic Qualification (please specify):											
Certificate Number:											
Start date of course: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D	
End date of course (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D	

Details of Authorised Regulatory Body:

Name of Body where qualification registered:																			
Country:																			
Date of completion of course: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D									
Postal Address:																			
	Postal Code:																		
Physical Address: (address for Courier)																			
	Postal Code:																		
Name and Designation of Contact Person:																			
Contact Number:																			
Name of Capacity/Qualification:																			
Date of Registration:	Y	Y	Y	Y	-	M	M	-	D	D									
Certificate Number:																			

Confirmation of Good Standing:

Are you currently licensed to practice in any country? <i>(tick one block)</i>	YES	NO									
Language of Instruction:											
Qualification: <i>(as stated on Certificate/Diploma)</i>											
Certificate Number											
Start Date of course <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D	

Declaration by the Applicant:

I, _____ *(full names and surname)*
as the applicant whose details appear on the first page, DECLARE that:

- I have studied the *South African Nursing Council Policy Guidelines for Foreign Registrations* in order to determine the requirements applicable to my application and the process that must be followed.
- The information submitted in this application is correct.
- The attached copies of certificates and other documents are correct and legitimately belong to me.
- I understand that the process of this application for registration will be deemed invalid if all required documents are not attached and if the form is not completed.
- I have paid the applicable application fee and have attached proof of payment into the South African Nursing Council bank account.
- I am aware that the application fee is non-refundable even if the application is withdrawn, abandoned, or whatever the outcome of the application may be.

<u>Signature of Applicant:</u>											
Date: <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D	

SANC 7 (2020.01.01)



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