



South African Nursing Council
Regulating nursing, advocating for the public

ANNEXURE B: COMPLETION FORM INCLUDING DECLARATION

NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING

**QUALIFICATION: ADVANCED DIPLOMA IN MIDWIFERY
(GOVERNMENT NOTICE NO. R.1497 OF 22 NOVEMBER 2019)**

- This information must be provided by the Head of the Nursing Education Institution
- Incomplete and incorrect forms will not be processed

1. DETAILS OF THE NURSING EDUCATION INSTITUTION	
Name (as approved by Council)	
SANC Ref number (S-File No.)	
Accreditation certificate number	
Full physical address	
Telephone Number	
Fax Number	
E-mail address	
Web address	
2. DETAILS OF PERSON IN CHARGE OF NURSING EDUCATION	
Name of Person In Charge of the Nursing Education	
SANC Reference Number	
Professional Qualifications e.g. Additional qualification in Nursing Education and management	
3. SAQA ID OF THE ACCREDITED PROGRAMME	
4. LEARNER DETAILS	FOR OFFICE USE
Surname	
First Names in full	
SANC Reference Number	

SA Identity Document Number OR Passport number and country of issue				
Date of Commencement of study				
	(Year)	(Month)	(Day)	
Date of resumption (if applicable)				
	(Year)	(Month)	(Day)	
Date of Completion				
	(Year)	(Month)	(Day)	

5. RECORD OF EDUCATION AND TRAINING AND CREDITS (THEORY)				
5.1 EXIT LEVEL OUTCOMES (ELOS)	MODULES/ SUBJECTS	PRESCRIBED CREDITS	ACHIEVED BY LEARNER	FOR OFFICE USE
NB complete where applicable				
Apply specific knowledge of Bio-Natural, and Social Sciences including Pharmacology in Midwifery using an integrated approach				
Provide safe and quality midwifery and neonatal care in a scientific, integrated and evidence-based approach in all care settings.				
Practice independently and professionally within an appropriate ethical-legal framework.				
Improve quality of midwifery and neonatal care through an analytic, reflective and problem solving approach,				
Effectively manage a midwifery unit through clinical governance strategy.				
5.2 WORK INTEGRATED LEARNING OR EXPERIENTIAL LEARNING	AREA OF PRACTICE	MINIMUM EXPOSURE	ACHIEVED BY STUDENT	FOR OFFICE USE
Health assessments including contraceptive counselling and health promotion		5		
Genetic assessments		5		
History takings including mental health screening		30		
Physical examinations including vaginal examination where necessary)		10		
Abdominal examination and completion of gravidogram		30		
History takings including mental health screening		30		
Physical examinations including vaginal examination		10		

Cervical smears		5		
Health promotion sessions (4 women per session)		2		
Demonstrate sessions of antenatal exercises (4 women per session)		2		
CTG placements, monitoring and interpretation		10		
Admission of a woman in labour		30		
Monitoring of women in labour and completion of partogram		20		
Internal examination by the student		20		
Pelvic assessments		5		
witnessed deliveries under instruction		5		
Personally conducted progressed deliveries and delivery of placenta		20		
Episiotomies, performed and sutured (if accessible)		3		
Suturing of perineal tear (1st and 2nd degree)		3		
Breech delivery under instruction (if not accessible student should simulate 2 breech delivery to lecturer)		2		
Witnessed complicated deliveries (if accessible)		5		
Prepare and observe) instrumental deliveries (if accessible)		5		
Examination of placenta		20		
Physical examination of new-born		20		
Management (if accessible)/Simulation of potential and actual emergencies		5		
Competence in basic Life support (BLS) (Simulation)		5		
Women examined post-natally		15		
New-borns examined post-natally		15		
Assist women with breastfeeding		6		
Demonstrate sessions of postnatal exercises (4 women in a group)		2		
Conduct TSB and PCR testing of the neonate (5 each).		5		
Commence and monitor phototherapy for 5 neonates		5		
Discharge 10 women including health education		10		
10 Discharge new-borns		10		

5.4 Approved Clinical Facility (ies) or other experiential learning sites used for placement of student			For office use only
Name of facility	Name of unit/ward	Number of WIL credits	
Night duty			

5.5 LEAVE			FOR OFFICE USE
Type of leave (e.g vacation, sick)	From (full date)	To (full date)	

Declaration that a student has met the educational and training requirements for the Advanced Diploma in Midwifery

Learner details

Surname _____
Given names in full _____
SANC reference number _____
South African identity document number _____
OR Passport number _____
Country of issue _____

Education and Training details(*)

Name of Institution: _____

Date of commencement	Year:	Month:	Day:
----------------------	-------	--------	------

Date of completion	Year:	Month:	Day:
--------------------	-------	--------	------

Declaration by subject head or programme coordinator

I hereby declare that the aforementioned student:

- Has complied with all the prescribed education and training requirements for registration in the category Midwife in terms of Government Notice No. R.1497 of 22 November 2019
- Has been assessed and found to be competent in the exit level outcomes

I further declare that:

- The information provided is accurate and based on the authentic education and training records of the said student;
- All the education and training of the student was accurately recorded for the duration of the programme;
- The nursing education institution has in its possession all the original education and training records, including but not limited to assessment and clinical records;
- There is no evidence that such Education and training records were tampered with or are in any way fraudulent; and
- In the event that any tampering of the records or fraudulent records are detected after this declaration is made, I undertake to immediately notify the Council thereof in writing.

I fully understand the meaning and implications of this declaration(**)

Full names (Print): _____
Designation: _____
SANC reference number: _____
Signature: _____
Date: _____

Declaration by Person in charge of Nursing Education Institution

I declare that the information provided is accurate and based on the authentic education and training records of the said student.
I fully understand the meaning and implications of this declaration(**)

<p>Full names (Print): _____</p> <p>Designation: _____</p> <p>SANC reference number: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Affix Stamp of the Nursing Education Institution here</p>
---	--

(*) Any entry into the register made in error or through misrepresentation will be deleted/removed from the register.

(**) Any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of section 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).

