



South African Nursing Council
Regulating nursing, advocating for the public

**ANNEXURE B: COMPLETION FORM
AND DECLARATION FORM**

SOUTH AFRICAN NURSING COUNCIL

NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING

**QUALIFICATION: POSTGRADUATE DIPLOMA IN.....
(GOVERNMENT NOTICE NO. R.635 OF 5 JUNE 2020)**

- 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				
5.1.1 Applicable to all specialisations				
Practices and facilitates specialist nursing, nursing education or health services management within ethical-legal parameters of the profession;				
Applies the knowledge of and facilitates evidence-based practice, nursing education or management in the specialist field to solve contextual problems and develop policies and guidelines;				
Appraises and develops self, peers and nurse/midwife specialist students by facilitating self-directedness/leadership and lifelong learning to make competence;				
Facilitates advocacy for the profession and provision of specialist professional support for personnel, patients, families and communities;				
Engages in planning, commissioning and managing a specialist unit, an educational entity or health service;				
Engages in scholarly activities to inform evidenced based practice, education or management; and				
Utilizes, manages and communicates data to support decision-making and research.				
5.1.2 Applicable to clinical specialisations				
Renders and co-ordinates patient or client-centred specialist nursing or midwifery practice within a continuum of care using the scientific approach, integrating biomedical and psychosocial sciences including advanced pharmacology;				
Mobilizes appropriate resources to implement standards of practice relevant to the area of specialization, to ensure quality patient care and safety				

Collaborates within the inter-professional team by engaging in health dialogue, shared leadership, decision-making and sound clinical judgment;				
Participates in the design, development, implementation and evaluation of nursing policies programmes and projects; and				
Develops and implements policies, protocols, and guidelines in the area of specialisation, utilising the process of change management in improvement of quality of care				
5.1.3 Applicable to Nursing education				
Designs, implements and evaluates or reviews a programme or curriculum for teaching and learning of nurse/midwife specialists;				
Facilitates teaching and learning of students, patients or clients, families and communities in conducive theoretical, simulation, online and clinical learning environments;				
Engages in and facilitates assessment and evaluation of learning;				
Applies the knowledge of and facilitates the management of the nursing education institution; and				
Participates in and facilitates internal and external review of the nurse or midwife specialist programme or curriculum at all levels.				
5.1.4 Applicable for Health Services Management				
Participates in the development and implementation of the strategic and operational plans including key institutional policies;				
Manages resources for the effectiveness and efficiency of a health facility or unit;				
Engages in the organisation and coordination of the nursing activities, functions and responsibilities to align them to the strategic goals;				
Collaboratively facilitates internal and external measurement of performance or accreditation of the health facility based on the set standards;				
Initiates innovative projects based on regular evaluation and review of the strategic plan for achievement of its goals, utilising the process of change management; and				

5.2 WORK INTEGRATED LEARNING OR EXPERIENTIAL LEARNING	AREA OF PRACTICE	PRESCRIBED CREDITS	ACHIEVED BY STUDENT	FOR OFFICE USE
5.2.1 Applicable to all specialisations				
Ethical legal practice				
Evidence –based practice				
Continuous professional development				
Advocacy and change management				
Planning and or commissioning of managing a specialist unit, an educational entity or health service				
Scholarly activities				
Information management				
5.2.2 Clinical specialisations				
Patient or client centered care				
Resource mobilisation in area of practice				
Inter-professional collaboration				
Participates in development of high level policies				
Development or review protocols in area of practice				
5.2.3 Nursing Education				
Curriculum				
Facilitation of learning				
Assessment and moderation				
Management of a Nursing Education Institution				
Internal /External review				
5.2.4 Health services management				
Strategic and operational planning				
Policy formulation				
Resources management				
Organization and coordination of nursing services				
Prepare for or engage in auditing or accreditation of a health service				
Project and change management				
Networking				
TOTAL				

5.3 SUMMATIVE ASSESSMENT OUTCOMES		
5.3.1 (THEORY)		

Subject/module/study unit	Assessment Outcome	For office use

5.3.2 WORK INTEGRATED LEARNING/ EXPERIENTIAL LEARNING		
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Module/subject/study unit	Assessment outcomes	For office use

Key for Course codes: (Where applicable)

5.4 Approved Clinical Facility 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 or experiential learning 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 Postgraduate Diploma in.....

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 nurse or midwife specialist in terms of Government Notice No. R1322 of.....
- Has been assessed and found to be competent in the relevant exit level outcomes for the specialisation

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 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>
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(*) 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).**

