

ANNEXURE C: APPLICATION FORM: NURSE SPECIALIST OR MIDWIFE SPECIALIST

APPLICATION FOR REGISTRATION AS A NURSE SPECIALIST OR MIDWIFE SPECIALIST

| Personal Details: | | | | | | | | | | | | | | | | | |
|--|-------------|---|-------|--------|--------|--------|-------|------|-----|----|----|--|-----|------|--|--|--|
| SA Nursing Council Reference Number | | | | | | | | | | | | | | | | | |
| Title (tick 2 one box) | | Dr | Dr | | | Mr | | | Mrs | | Ms | | Pro | Prof | | | |
| Surname | | | | | | | | | | | | | | | | | |
| Given Names (in full) | | | | | | | | | | | | | | | | | |
| Maiden Name (if applicable) | | | | | | | | | | | | | | | | | |
| Date of Birth (y | yyy-mm-dd) | Υ | Υ | Υ | Υ | - | M | M | _ | D | D | | | | | | |
| South African Identity Number | | | | | | | | | | | | | | | | | |
| <u>OR</u> alternatively, for those app | not h | ave a | Sout | h Afri | ican I | dentii | ty Nu | mber | : | | | | | | | | |
| – Passport Number | | | | | | | | | | | | | | | | | |
| – Passport Country of Issue | | | | | | | | | | | | | | | | | |
| – Passport Expiry Date (y | yyy-mm-dd) | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | | | | | |
| Contact Details: | | | | | | • | | • | | • | | | | | | | |
| Postal Address (address for all correspondence) | | | | | | | | | | | | | | | | | |
| Contact number (mobile numb | er) | (| | |) | | | | | | | | | | | | |
| E-mail address | | | | | | | | | | | | | | | | | |
| Qualification Details: | | | | | | | | | | | | | | | | | |
| Qualification (as stated on the E certificate issued by the NEI) | Diploma | | | | | | | | | | | | | | | | |
| Name of Training Institution | | | | | | | | | | | | | | | | | |
| Date of completion of course (| yyyy-mm-dd) | | | | | _ | | | - | | | | | | | | |
| Licensure examination | | YES | 5 | | | | | | | NC |) | | | | | | |
| Have you written and passed th examination: | e licensure | | | | | | | | | | | | | | | | |
| Payment Details: | | | | | | | | | | | | | | | | | |
| Name of Bank | | FIRST NATIONAL BANK | | | | | | | | | | | | | | | |
| Account Number | | 514 | 1211 | 8 619 | 3 | | | | | | | | | | | | |
| Branch Code | | 25 | 15 45 | ; | | | | | | | | | | | | | |
| Amount Payable for Certificate | | Check Board notice issued by SANC for applicable fees | | | | | | | | | | | | | | | |
| Fax proof of payment to | | (01 | 2) 42 | 6 951 | .6 | | | | | | | | | | | | |
| Signature of Applicant | | | | | | | | | | | | | | | | | |

Date

(yyyy-mm-dd)