

APPLICATION FOR REGISTRATION AS A LEARNER NURSE/MIDWIFE

Instructions: Please complete all required information using a ballpoint pen and print clearly.

PROGRAMME TO BE FOLLOWED:

<i>Place a tick (☑) in the box on the far left, next to the programme to be followed:</i>			
	R.425	Four-year Programme in Nursing and Midwifery	138
	R.683	Two year Bridging Programme – General Nursing	141
	R.48	Clinical Nursing Science, Health Assessment, Treatment and Care	121
	R.1501	Nursing Administration	128
	R.118	Nursing Education	122
	R.212	<i>(Please specify the subjects/ study direction below):</i>	
	R.174	Bachelor of Nursing	178
	R.171	Diploma in Nursing	179
	R.169	Higher Certificate in Nursing	180

FOR OFFICIAL USE ONLY	
Fees paid	
Yes	No

PERSONAL DETAILS OF LEARNER:

<p><i>(Please write your names <u>exactly</u> as they appear in your identity document).</i></p> <p>Surname (family name):</p> <hr/> <p>Given names (in full):</p> <hr/> <p>Maiden name (if applicable):</p> <hr/> <p>Date of birth:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;"><i>Year</i></td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;"><i>Month</i></td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;"><i>Day</i></td> </tr> </table> <p>S A Identity number:</p> <p><i>(*) The following passport information is required <u>ONLY</u> if you do not have a South African identity document.</i></p> <p>OR (*) Passport number:</p> <hr/> <p>(*) Country of issue:</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">Gender (tick):</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;"><i>Female</i></td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;"><i>Male</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Highest educational standard:</td> <td style="border-bottom: 1px solid black; text-align: center;"><i>School grade</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Other</i></td> </tr> </table> <p>Email address:</p> <hr/>		<i>Year</i>	<i>Month</i>	<i>Day</i>	Gender (tick):	<i>Female</i>	<i>Male</i>	Highest educational standard:	<i>School grade</i>	<i>Other</i>	<p>S A Nursing Council reference number (if you have one):</p> <hr/> <p>Postal address:</p> <hr/> <hr/> <p style="text-align: right;">Postal code:</p> <hr/> <p>Residential address (physical address at HOME):</p> <hr/> <hr/> <p style="text-align: right;">Postal code:</p> <hr/> <p>Mobile phone number: ()</p> <hr/> <p>Home phone number: ()</p> <hr/> <p>Fax number: ()</p> <hr/>
	<i>Year</i>	<i>Month</i>	<i>Day</i>								
Gender (tick):	<i>Female</i>	<i>Male</i>									
Highest educational standard:	<i>School grade</i>	<i>Other</i>									

DETAILS OF PROGRAMME TO BE FOLLOWED:

Name of Nursing Education Institution:									
Date of commencement/ resumption of training:	<i>Year</i>	<i>Month</i>	<i>Day</i>	Which year of the programme will you be entering? <i>(tick one block):</i>	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	<i>4th</i>	
					<i>Year</i>	<i>Year</i>	<i>Year</i>	<i>Year</i>	

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LEARNER STATISTICAL INFORMATION: (Unless otherwise indicated, mark ONE block in each section with a cross “X”)

Province in which you live:	Eastern Cape	EC		Mpumalanga	MP
	Free State	FS		Northern Cape	NC
	Gauteng	GP		North West	NW
	KwaZulu-Natal	KZN		Western Cape	WC
	Limpopo	LP			
Employment equity code: (Dept. of Labour codes)	Black African	BA		Indian/Asian	IA
	Coloured Person	CP		White	WH
Nationality:	South Africa	SA		Zaire	ZAI
	Angola	ANG		Zambia	ZAM
	Botswana	BOT		Zimbabwe	ZIM
	Lesotho	LES		Rest of Africa	ROA
	Malawi	MAL			
	Mauritius	MAU		Asian Countries	AIS
	Mozambique	MOZ		Australia and New Zealand	AUS
	Namibia	NAM		Central and South America	SOU
	Seychelles	SEY		European Countries	EUR
	Swaziland	SWA		North American Countries	NOR
	Tanzania	TAN		Other and rest of Oceania	OOC
Home Language: (Predominantly used home language, if more than one).	Afrikaans	AFR		Sesotho	SES
	English	ENG		Setswana	SET
	isiNdebele	NDE		siSwati	SWA
	isiXhosa	XHO		South African Sign Language	SASL
	isiZulu	ZUL		Tshivenda	TSH
	Sepedi	SEP		Xitsonga	XIT
	Other (please specify):				OTH
Resident status:	SA Citizen	SA		SA Permanent Resident	PR
	Dual (SA plus other)	DU		Other	OT
	Please specify other:				
Socio-economic status:	Employed – on study leave:				01
	Not working – student:				06
Disability status: (If necessary, please select more than one item under this section).	None				00
	Sight:	(experience problems even with glasses/ contact lenses)			01
	Hearing:	(experience problems even with hearing aid/ implant)			02
	Communication:	(talking/ listening)			03
	Physical:	(moving/ standing/ grasping)			04
	Intellectual:	(difficulties in learning/ retardation)			05
	Emotional:	(behavioural or psychological)			06
Other:	(not mentioned above)			09	

DECLARATION BY LEARNER:

Answer these four questions with a definite “YES” or “NO” by making a tick (☑) in the appropriate block. If the reply to any of the questions is “YES”, full particulars must be submitted together with the application.

WARNING:

An incorrect answer to any of these questions could lead to professional conduct action being taken against you. If you are in doubt as to how to answer one or more of these questions, please contact the SANC for assistance.

1. Are you now, or have you previously been registered or enrolled with the South African Nursing Council as a Nurse/ Midwife/ Nursing Auxiliary?	YES	NO
2. Are you now, or have you previously been registered or enrolled with the South African Nursing Council as a Student Nurse/ Midwife or as a Pupil Nurse/ Nursing Auxiliary ?	YES	NO
3. Have you been terminated from training? If “YES” attach <i>Notice of Termination</i> from the relevant NEI:	YES	NO
4. Have you ever been found guilty of an offence in any country?	YES	NO
5. Is a charge of an offence pending against you in any country?	YES	NO
6. Are you studying this course full time or part time: Please tick	Full time	Part time

I hereby certify that the information on this application form is true and correct.

_____	Date: / /	Total amount paid: R ,
Signature of applicant		

A certified copy of your **identity document or passport** (as per the details in this application) and your **school leaving certificate** must be submitted together with this application. If either of these two documents is in a language other than an official language of South Africa, a sworn translation by a certified translator must accompany the document.

FEES PAYABLE:

The fee payable by the learner for registration is **R250-00**. This amount must be paid/ deposited into the Council’s bank account by the Nursing Education Institution on behalf of the learner. Please use the NEI’s number followed immediately by the payment type code **REGFLEN** as reference for the payment.

The above amount is correct from **01 January 2020** and includes VAT at 15%. Payments received by the Council before this date will be charged at the old rate.

N.B. Documents to be submitted within 2 months (60 days) of commencement date of training.

A penalty fee of **R810-00** per applicant will be levied on the NEI for **late submission** of learner documents.

DECLARATION BY DESIGNATED PERSON IN CHARGE OF EDUCATION AND TRAINING

I certify that I have checked this application for completeness and accuracy, and to the best of my knowledge it is true and correct (based on the information supplied to me).

NB: 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 sections 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).

Signature of designated person in charge of education and training: _____	Date: / /
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Stamp of Nursing Education Institution:

S A Nursing Council – Contact Details:

The Registrar: South African Nursing Council
Private Bag X132, PRETORIA 0001

Tel: 012 420-1000
Fax: 012 343-5400 (24-hour)
Email: learnerdesk@sanc.co.za
Website: www.sanc.co.za

SANC-4-26 ver.8 (2020-01-01)



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SANC Fraud Hotline: 0800 20 12 16
-  website: www.sanc.co.za

Chairperson: Dr M Molepa, Vice Chairperson: Dr S Zuma, Registrar & CEO: Ms S Mchunu