

Application for Registration of an Additional Qualification

Personal Details:

SA Nursing Council Reference Number:											
Title: <i>(tick ✓ one box)</i>	Dr.	Mr.				Ms.				Prof.	
Surname:											
Given Names (in full):											
Maiden Name (if applicable):											
Date of Birth: <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D	
South African Identity Number:											
<u>OR</u> 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	

Contact Details:

Postal Address: (for all purposes)											
	Postal Code:										
Contact number:											
E-mail address:											

Qualification Details:


Qualification (as stated on Certificate/Diploma):											
Name of Training Institution:											
Date of completion of course: <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D	

Payment Details:

Name of Bank:	FIRST NATIONAL BANK										
Account Number:	514 2118 6193										
Branch Code:	25 15 45										
Amount payable for Certificate	R400.00										
Fax proof of payment to:	(012) 426-9516										
Signature of Applicant:											
Date: <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D	

SANC -6 (2020.01.01)

 Cecilia Makiwane Building,
602 Pretorius Street, Arcadia, Pretoria 0083
Private Bag X132, Pretoria 0001,
Republic of South Africa

 Tel: 012 420 1000
Fax: 012 343 5400
SANC Fraud Hotline: 0800 20 12 16

 website: www.sanc.co.za