



South African Nursing Council
Regulating nursing, advocating for the public

SANC CONSENT FORM

CLIENT INFORMATION *(To be completed by the Client)*

Surname	:	
Full Names	:	
Maiden Name	:	
Mobile Number	:	
Date of Birth	:	
ID Number/Identifier	:	
SANC number	:	

THIRD-PARTY DETAILS *(To be completed by person doing enquiries or business on behalf of the client listed above)*

Full Names and Surname:		
ID number	:	
Email address	:	
Mobile No	:	
SANC No. (if applicable):		

BACKGROUND SCREENING CHECKS *(To be completed by the Client Services Agent by ticking (x) boxes below.*

SANC Number Check	
Identity Verification	
Name and Surname check	
Qualification check	



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



website: www.sanc.co.za

DEFINITIONS IN TERMS OF BELOW CONSENT

- “Client” means the Nurse practitioner completing this document and who provides consent for a service to be rendered by the SANC;
- “Personal Information” shall have the meaning ascribed to it in Chapter 1 of POPI and includes, but is not limited to a name, address, email address, telephone or fax number, and education or other personal credentials provided, or which is collected from the candidate or other third parties, before and/or during the background screening process and/or thereafter;
- “POPI” shall mean the Protection of Personal Information Act, 2013 (Act No. 4 of 2013), as amended from time to time, including any regulations made under the Act; and
- “Privacy and Data Protection Conditions” refers to the 8 (eight) statutory prescribed conditions for the lawful Processing of Personal Information.

CONSENT FOR THE USE OF INFORMATION

- By signing this form, I (the client) hereby authorize that the person duly authorized by me in this application may be provided with my information held by the SANC and be rendered the requested service on my behalf;
- I understand that consent forms part of the verification process;
- I warrant that all information, including Personal Information, supplied to the SANC is accurate and current; and
- I agree that the SANC, to the extent permitted by Law, will not be liable for any complaint, claim or action brought by me, arising from any action or omission by the SANC.

SURNAME:	
CLIENT SIGNATURE:	DATE:
THIRD PARTY NAME AND SURNAME:	
RELATION TO CLIENT:	
THIRD PARTY SIGNATURE:	DATE:

All signatories to this document agree that the SANC will NOT be held liable for the content, factual correctness or accuracy of any information supplied to the SANC.