

Application for registration in the category Community Service

Instructions:

1. This form is to be used **only** by applicants who trained at a South African Nursing Education Institution
2. Please complete all required information using a ballpoint pen and print clearly

Personal Details:

S. A. Nursing Council Reference Number																		NOTE: If you have changed any of the details appearing in your identity document or passport since registering as a student and if you have not already done so, you must submit certified proof substantiating the change together with this application.
Title (tick ✓ one box)	Dr	Mr	Ms	Prof														
Surname																		
Given Names (in full)																		
Maiden Name (if applicable)																		
Sex (tick ✓ one box)	Female				Male													
Date of Birth (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D								
South African Identity Number																		
OR alternatively, for those applicants who do not have a South African Identity Number:																		
- Passport Number																		
- Passport Country of Issue																		
- Passport Expiry Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D								

Postal Address:

	NOTE: Enter your home postal address – to be recorded in the register. Do not use the address of your Nursing Education Institution. Do not use the address of the health establishment where you will be performing community service.
Postal Code	

Residential Address (if different):

	NOTE: Enter your home residential address here <u>only</u> if it is different to your postal address. Do not use the address of your nursing education institution. Do not use the address of the health establishment where you will be performing community service.
Postal Code	

Address to which your registration certificate should be posted (if different):

	NOTE: Enter the postal address to which your registration certificate and/or any correspondence in connection with this application should be sent. The address details entered here will <u>not</u> be recorded in the register.
Postal Code	

Contact Details:

Telephone Number (home)														
Telephone Number (work)														
Cellular phone Number														
Fax Number														
E-mail Address														

Qualification Details:

Nursing Education Institution Number														
Name of Nursing Education Institution														
Name of Course Completed	Course leading to Registration as a Nurse (General, Psychiatric and Community) and Midwife													
Completion Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D				
Name of Qualification														
Date of Qualification issued/ to be issued (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D				

Details of Community Service:

Name of Health Establishment (where Community Service will be performed)														
Name of Town / City														
Province														
Date of commencement of Community Service (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D				

Signed by Applicant:

I certify that the information provided in this application is true and correct														
Signature														
Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D				

Declaration by Head of Nursing Education Institution:

I declare that:														
<ul style="list-style-type: none"> - I have checked the application for both content and completeness; - The applicant has completed and met all the requirements of the course; - The applicant has been/ will be issued the above qualification by the above named institution on the date indicated; and - I may be held personally responsible for any errors or omissions in connection with this application. 														
Signature														
Print Name														
S. A. Nursing Council Reference Number														
Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D				

Stamp of Nursing Education Institution

Please note that when this form is submitted to the Nursing Council it must be accompanied by the following items:

1. <u>Certified</u> copy of applicant's identity document or passport
2. Official transcript of training for the above-mentioned course
3. Registration fee of R437-00 ^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by REGFPRA as reference.

^(*) The above-mentioned fee applies from **01 January 2022**

FOR OFFICE USE ONLY			
Check		Card	
		Cash	
		Cheque	
		Direct deposit	

Confirmation of Good Standing:

Are you currently licensed to practice in any country? <i>(tick one block)</i>		
Language of Instruction		
Qualification <i>(as stated on Certificate/Diploma)</i>		
Certificate Number		
Start Date of course <i>(yyyy-mm-dd)</i>		

Declaration by the Applicant:

I, _____ <i>(full names and surname)</i> as the applicant whose details appear on the first page, DECLARE that:	
<ul style="list-style-type: none">I have studied the South African Nursing Council Guide for registration in the category of Community Service in order to determine the requirements applicable to my application and the process that must be followed.The information submitted in this application is correct.The attached copies of certificates and other documents are correct and legitimately belong to me.I understand that the process of this application for registration will be deemed invalid if all required documents are not attached and if the form is not completed.I have paid the applicable application fee and have attached proof of payment into the South African Nursing Council bank account.I am aware that the application fee is non-refundable even if the application is withdrawn, abandoned, or whatever the outcome of the application may be.	
Signature of Applicant	
Date <i>(yyyy-mm-dd)</i>	



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