

**Notification of TERMINATION of a course**

**Personal Details**:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. A. Nursing Council Reference Number: |  |  |  |  |  |  |  |  | ***NOTE****:**The application must be accompanied by termination records. Failure to submit termination records will result in an unprocessed application.* |
| Title: (*tick  one box*) | Dr | Mr | Ms | Prof |
| Surname:  |
| Given Names (in full): |
| Maiden Name (if applicable): |
| Gender: (*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 |  |

**Leave granted**:

|  |  |  |  |
| --- | --- | --- | --- |
| Type (e.g. vacation/ sick) | From | To | Period |
|  |  |  |  |
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**Qualification Details**:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nursing Education Institution Number: (*only for South African institutions*) |  |  |  |  |  |  |  |  |
| Name of Nursing Education Institution: |
| Name of Course TERMINATED: |
| Termination Date: *(yyyy-mm-dd)* | Y | Y | Y | Y | **–** | M | M | **–** | D | D |
| REASON FOR TERMINATION: |
|  |
| Name and Signature of the student : |
| Name and Signature of Head of Nursing Education Institution: |

SCHOOL STAMP