

**Notification of TERMINATION of a course**

**Personal Details**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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**:

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| --- | --- | --- | --- |
| 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