

## Application for Registration of a Foreign Qualification

### Personal Details:

SA Nursing Council Reference Number															
Title: (Tick one block)	Dr.	Mr.	Ms.	prof.											
Surname: (Family name)															
Given Names: (In full)															
Maiden Name: (If applicable)															
Gender: (Tick one block)	Female					Male									
Date of Birth: (yyyy-mm-dd)															
Country of Citizenship:															
Current SA Residential Status: (tick block)	SA Citizen			SA Resident			Residing outside RSA			Refugee			Asylum Seeker		
South African Identity Number:															
QR 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)															
QB alternatively, for Refugee/Asylum Seekers:															
— Permit Number:															

### Contact Details:

Postal Address: (Address for all correspondence)															
	Postal Code:														
Residential Address: (If different)															
	Postal Code:														
Contact number:															
Email address:															

### Alternative Person's Contact Details:

Name of alternative person:															
Relationship:															
Contact number:															
Email address:															

Elective Practica	Employment	Research	Study	Voluntary Service
-------------------	------------	----------	-------	-------------------

If your application is based on Nursing or Midwifery qualifications obtained outside South Africa, you must complete one of these pages for each qualification and pay the application fee (SADC R1387.00 and for other countries R2075.00) for each qualification.

[illegible]Post-Basic qualification: 

1		2		3	
---	--	---	--	---	--

[illegible][illegible]

**Confirmation of Good Standing:**

Are you currently licensed to practice in any country? (Tick one block)	YES	NO
Language of Instruction:		
Qualification: (as stated on Certificate/Diploma)		
Certificate Number		
Start Date of course (yyyy-mm-dd)		

**Declaration by the Applicant:**

I, _____ (Full names and surname) as the applicant whose details appear on the first page, DECLARE that: I have studied the South African Nursing Council Policy Guidelines for Foreign Registrations 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: (yyyy-mm-dd)		

**BANKING DETAILS**

Name of the Bank : FNB (First National Bank)  
 Branch Code : 251445  
 Name of Account Holder : South African Nursing Council  
 Account Number : 51425166282  
 Deposit Reference : 14549091 (followed by name of applicant)

SANC 7 (2022.01.01)



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](http://www.sanc.co.za)