

APPLICATION FOR REGISTRATION AS A LEARNER NURSE/MIDWIFE

*Instructions: Please complete all required information using a ballpoint pen and print clearly.
No correction fluid must be used on the forms.*

PROGRAMME TO BE FOLLOWED:

		Codes
R.169	Higher Certificate in Nursing	180
R.171	Diploma in Nursing	179
R.174	Bachelor of Nursing	178
R.1497	Advanced Diploma in Midwifery	
R.635	Postgraduate Diploma:	
	Other :	

PERSONAL DETAILS OF LEARNER:

<i>Please write your names <u>exactly</u> as they appear in your identity document:</i>				S A Nursing Council reference number (if you already have one):	
Surname (family name):				Postal address:	
Given names (in full):					
Maiden name (if applicable):					
Date of birth:	<u>Year</u>	<u>Month</u>	<u>Day</u>	Postal code:	
S A Identity number:				Residential address (physical address at HOME):	
(*) The following passport information is required <u>ONLY</u> if you do not have a South African identity document.					
OR (*) Passport number:					
(*) Country of issue:				Postal code:	
(*) Expiry date					
Gender (tick one block):	<u>Female</u>	<u>Male</u>		Mobile phone number: ()	
Highest educational standard:	<u>School grade</u>	<u>Other</u>		Home phone number: ()	
Email address:				Fax number: ()	

Please turn over – form continues overleaf

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DETAILS OF PROGRAMME TO BE FOLLOWED:

Name of Nursing Education Institution:									
Date of commencement/ resumption of training:	<u>Year</u>	<u>Month</u>	<u>Day</u>		Which year of the programme will you be entering? (tick one block):	1 st Year	2 nd Year	3 rd Year	4 th Year

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LEARNER STATISTICAL INFORMATION: (unless otherwise indicated, mark ONE block in each section with a cross “X”)

Province in which you live:	Eastern Cape	EC		Mpumalanga	MP	
	Free State	FS		Northern Cape	NC	
	Gauteng	GP		North West	NW	
	KwaZulu-Natal	KZN		Western Cape	WC	
	Limpopo	LP				
Employment equity code: (Dept. of Labour codes)	Black African	BA		Indian/Asian	IA	
	Coloured Person	CP		White	WH	
Nationality:	South Africa	SA		Democratic Republic of Congo	DRC	
	Angola	ANG		Zambia	ZAM	
	Botswana	BOT		Zimbabwe	ZIM	
	Lesotho	LES		Rest of Africa	ROA	
	Malawi	MAL				
	Mauritius	MAU		Asian Countries	AS	
	Mozambique	MOZ		Australia and New Zealand	AUS	
	Namibia	NAM		Central and South America	SOU	
	Seychelles	SEY		European Countries	EUR	
	Swaziland	SWA		North American Countries	NOR	
	Tanzania	TAN		Other and rest of Oceania	OO	
	Home language: (Predominantly used home language, if more than one).	Afrikaans	AFR		Sesotho	SES
		English	ENG		Setswana	SET
isiNdebele		NDE		siSwati	SWA	
isiXhosa		XHO		South African Sign Language	SASL	
isiZulu		ZUL		Tshivenda	TSH	
Sepedi		SEP		Xitsonga	XIT	
Other (please specify):					OTH	
Resident status:	SA Citizen	SA		SA Permanent Resident	PR	
	Dual (SA plus other)	DU		Other	OT	
Please specify other:						
Socio-economic status:	Employed – on study leave:				01	
	Not working – student:				06	
Disability status: If necessary, please select more than one item under this section.	None				00	
	Sight:	Experience problems even when wearing spectacles / contact lenses			01	
	Hearing:	Experience problems even when wearing hearing aid or with implant			02	
	Communication:	Talking / listening			03	
	Physical:	Moving / standing / grasping			04	

	Intellectual:	Difficulties in learning/challenged	05
	Emotional:	Behavioural or psychological	06
	Other:	Not mentioned above	09

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DECLARATION BY LEARNER:

Answer these six -questions with a definite "YES" or "NO" by making a tick (☑) in the appropriate block. If the reply to any of the questions is "YES", full particulars must be submitted together with the application.

WARNING:

An incorrect answer to any of these questions could lead to professional conduct action being taken against you. If you are in doubt as to how to answer one or more of these questions, please contact the SANC for assistance on the last page.

1. Are you now, or have you previously been registered or enrolled with the South African Nursing Council as a Nurse/ Midwife/ Nursing Auxiliary?	YES	NO
2. Are you now, or have you previously been registered or enrolled with the South African Nursing Council as a Student Nurse/ Midwife or as a Pupil Nurse/ Nursing Auxiliary ?	YES	NO
3. Have you been terminated from training? If "YES" attach <i>Notice of Termination</i> from previous NEI?	YES	NO
4. Have you ever been found guilty of an offence in any country?	YES	NO
5. Is a charge of an offence pending against you in any country?	YES	NO
6. Are you studying this course full-time or part time?	Full time	Part time

I certify that the information on this application form is true and correct.

_____ Signature of applicant	<u>Date:</u> / /	<u>Total amount paid:</u> R ,
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A certified copy of your **identity document or passport** (the details of which are reflected in this application) and your **school leaving certificate** must be submitted together with this application. If either of these two documents is in a language which is not an official language of South Africa, a sworn translation of the document, made by a certified translator, must accompany the document.

FEES PAYABLE:

The fee payable by the learner for registration is **R273-00**. This amount must be paid / deposited into the Council's bank account by the Nursing Education Institution on behalf of the learner. Please use the NEI's number followed immediately by the payment type code **REGFLEN** as reference for the payment.

The above amount is correct from **01 January 2022** and includes VAT at 15%. Payments received by the Council before this date will be charged at the old rate.

N.B.: Documents to be submitted within **2 months (60 days)** of commencement date of training.

A penalty fee of **R884-00** per applicant will be levied on the NEI for **late submission** of learner documents.

DECLARATION BY DESIGNATED PERSON IN CHARGE OF EDUCATION AND TRAINING

Icertify that I have checked this application for completeness and accuracy, and to the best of my knowledge it is true and correct (based on the information supplied to me).

NB: Any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of sections 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).

Signature of designated person in charge of education and training: _____	Date: / /
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Stamp of Nursing Education Institution:

<u>S A Nursing Council – Contact Details:</u>	
The Registrar South African Nursing Council Private Bag X132 PRETORIA 0001	
<u>Tel:</u>	012 420-1000
<u>Fax:</u>	012 343-5400 (24-hour)
<u>Email:</u>	learnerdesk@sanc.co.za
<u>Website:</u>	www.sanc.co.za