South African Nursing Council
Regulating nursing, advocating for the public

APPLICATION FOR A POSITION

STRICTLY CONFIDENTIAL

1. This form must be fully, accurately and legibly completed by the applicant.
2. If the space allowed for any item is inadequate, an annexure may be attached.
3. Certified (not older than six months) copies of identity document, qualifications and supporting documents to be attached.
4. Attach an updated Curriculum Vitae (CV) with detailed roles and responsibilities and a minimum of three (3) contactable references, including current employer.
5. The SANC at its sole discretion may request any omitted or additional information documents from any candidate.

SECTION 1: THE ADVERTISED POST:

Reference No:

Position applied for (as advertised): _____

Did you apply for any other post in this advertisement? Yes ☐ No ☐

If yes, specify the post reference numbers: _____

SECTION 2: MEETING POST REQUIREMENTS:

Do you meet the requirements of the post as advertised?	Yes		No	
Minimum academic qualification(s)	Yes		No	
Minimum relevant experience	Yes		No	
Professional registration (if applicable)	Yes		No	
Knowledge, skills and competencies	Yes		No	
Driver's licence (if applicable)	Yes		No	

SECTION 3: PERSONAL DETAILS:

Surname: _____

First Names: _____

Residential/Postal address: _____

_____

_____ Postal Code: ☐

Contact No.(s): _____ Work: _____

Email: _____ Fax: _____

Date of birth: _____ Place of birth: _____

Identity number: _____ Nationality: _____

Gender: Male ☐ Female ☐ Do you have a valid work permit (if applicable:) Yes ☐ No ☐

Race: African ☐ White ☐ Coloured ☐ Indian ☐

Driver's licence code: _____ SARS Tax number: _____

Own transport: Yes ☐ No ☐

Do you have a disability? Yes ☐ No ☐

If yes, state what kind of disability: _____

_____

Marital Status: Unmarried ☐ Married ☐ Widowed ☐ Divorced ☐

Professional body (active membership only): _____

Category: _____ Registration Number: _____

Have you been convicted of a criminal offence?	Yes		No	
Have you ever been dismissed from employment?	Yes		No	

If yes, state the details: _____

Are there any disciplinary actions against you (pending/convicted)?	Yes		No	

If yes, state the details: _____

_____

SECTION 4: EDUCATION DETAILS:

4.1: FULL DETAILS OF SCHOOL LEAVING QUALIFICATION:

Name of School:	Highest qualification obtained:	Year obtained:
1.		

4.2: DETAILS OF POST-MATRIC QUALIFICATIONS: *(attach certified certificate/s)*

Name of Institution:	Name of qualification:	Area of Specialisation:	Year obtained:
1.			
2.			
3.			
4.			
5.			
6.			

4.3: CURRENT STUDIES (INSTITUTION AND QUALIFICATION):

Name of Institution:	Name of qualification:	Area of Specialisation:	Year to complete
1.			
2.			

4.4: OTHER RELATED COURSES/TRAINING *(attach certified certificate/s)*

Name of Institution:	Name of course/training:	Area of Specialisation:	Year obtained:
1.			
2.			
3.			
4.			

SECTION 5: LANGUAGES PROFICIENCY

Languages:	Speak (Y/N):	Read (Y/N):	Write (Y/N):

SECTION 6: CAREER PARTICULARS (Start with the current position occupied)

Present monthly Remuneration: R

Pension Coverage Yes/No:

Medical Aid: _____ Bonus: R

Leave: _____ (Work)/Calendar days per annum

State approximate renumeration (total cost per month) required:

R _____ per month

Date of availability:

1. Employer's Name	Employer Physical Address	Post held	From MM	From YYYY	To MM	To YYYY	HR Contact Person	HR Contact Person details (Tel. and Email)

Employer's Contact Number:

Reasons for leaving:

2. Employer's Name	Employer Physical Address	Post held	From MM	From YYYY	To MM	To YYYY	HR Contact Person	HR Contact Person details (Tel. and Email)

Employer's Contact Number:

Reasons for leaving:

3. Employer's Name	Employer Physical Address	Post held	From MM	From YYYY	To MM	To YYYY	HR Contact Person	HR Contact Person details (Tel. and Email)

Employer's Contact Number:

Reasons for leaving:

4.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:			Reasons for leaving:						

5.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:			Reasons for leaving:						

6.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:			Reasons for leaving:						

7.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:			Reasons for leaving:						

8.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:			Reasons for leaving:						

9.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:			Reasons for leaving:						

10.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:			Reasons for leaving:						

SECTION 7: NEXT OF KIN (PREFERABLY NOT LIVING AT THE SAME ADDRESS AS THE APPLICANT)

Name and Surname: _____

Relationship: _____

Address: _____

Telephone Number: _____

SECTION 8: REFERENCES *(Start with the current employer, state only the direct or indirect supervisor).*

01

Name and Surname: _____

Position: _____ Company/ Organization: _____

Physical Address: _____

Telephone Number: _____ Email: _____

02

Name and Surname: _____

Position: _____ Company/ Organization: _____

Physical Address: _____

Telephone Number: _____ Email: _____

SECTION 9: COMPANY DECLARATION

9.1: COMPANIES OWNED BY YOU/IMMEDIATE FAMILY MEMBERS:

Company Name	Designation	Services	Date of Registration	Remuneration
1.				
2.				
3.				

9.2: REMUNERATION OUTSIDE WORK *(e.g. AS A BOARD MEMBER OR INDEPENDENT MEMBER, IF A COMMITTEE)*

Company Name	Designation	Services	Remuneration	Telephone No.
1.				
2.				
3.				

SECTION 10: ADDITIONAL INFORMATION

Have you previously been employed by the SANC? Yes ☐ No ☐

If so, state period(s): From: _____ To: _____

Are any of your previous colleague(s) currently employed by the SANC? Yes ☐ No ☐

Are any of your friends currently employed by the SANC? Yes ☐ No ☐

Are any of your relatives currently employed by the SANC? Yes ☐ No ☐

Are you related to any Council Member? Yes ☐ No ☐

If so, state their names and relationship: _____

_____

SECTION 11: DECLARATION

I _____

declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.

Signature: _____

Date: _____