

Application for registration in the category Community Service

- Instructions:**
1. This form is to be used **only** by applicants who trained at a South African Nursing Education Institution
 2. Please complete all required information using a ballpoint pen and print clearly

Personal Details:

S. A. Nursing Council Reference Number										<p>NOTE: If you have changed any of the details appearing in your identity document or passport since registering as a student and if you have not already done so, you must submit certified proof substantiating the change together with this application.</p>													
Title (tick ✓ one box)					Dr		Mr		Ms											Prof			
Surname																							
Given Names (in full)																							
Maiden Name (if applicable)																							
Sex (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									

Postal Address:

										<p>NOTE: Enter your home postal address – to be recorded in the register.</p> <p><u>Do not</u> use the address of your Nursing Education Institution.</p> <p><u>Do not</u> use the address of the health establishment where you will be performing community service.</p>									
Postal Code																			

Residential Address (if different):

										<p>NOTE: Enter your home residential address here <u>only</u> if it is different to your postal address.</p> <p><u>Do not</u> use the address of your nursing education institution.</p> <p><u>Do not</u> use the address of the health establishment where you will be performing community service.</p>									
Postal Code																			

Address to which your registration certificate should be posted (if different):

										<p>NOTE: Enter the postal address to which your registration certificate and/or any correspondence in connection with this application should be sent.</p> <p>The address details entered here will <u>not</u> be recorded in the register.</p>									
Postal Code																			

Contact Details:

Telephone Number (home)															
Telephone Number (work)															
Cellular phone Number															
Fax Number															
E-mail Address															

Qualification Details:

Nursing Education Institution Number																
Name of Nursing Education Institution																
Name of Course Completed	Course leading to Registration as a Nurse (General, Psychiatric and Community) and Midwife															
Completion Date	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					
Name of Qualification																
Date of Qualification issued/ to be issued	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

Details of Community Service:

Name of Health Establishment (where Community Service will be performed)																
Name of Town / City																
Province																
Date of commencement of Community Service	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

Signed by Applicant:

I certify that the information provided in this application is true and correct																
Signature																
Date	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

Declaration by Head of Nursing Education Institution:

I declare that:																
<ul style="list-style-type: none"> - I have checked the application for both content and completeness; - The applicant has completed and met all the requirements of the course; - The applicant has been/ will be issued the above qualification by the above named institution on the date indicated; and - I may be held personally responsible for any errors or omissions in connection with this application. 																
Signature																
Print Name																
S. A. Nursing Council Reference Number																
Date	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

Stamp of Nursing Education Institution

Please note that when this form is submitted to the Nursing Council it must be accompanied by the following items:

- | |
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| 1. <u>Certified</u> copy of applicant's identity document or passport |
| 2. Official transcript of training for the above-mentioned course |
| 3. Registration fee of R437-00 ^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by REGFPRA as reference. |

^(*) The above-mentioned fee applies from **01 January 2022**

FOR OFFICE USE ONLY		
Check	Card	
	Cash	
	Cheque	
	Direct deposit	