

Application for registration in the category Community Service (Applicants who obtained their qualification outside of South Africa)

Instructions:

1. This form is to be used **only** by applicants who obtained their qualification **outside of South Africa**.
2. Please complete all required information using a ballpoint pen.
3. Print all information clearly.
4. This form must **only** be submitted to the Nursing Council if and when you are requested to do so by the Council – this will be determined after the Council has evaluated your qualification.

Personal Details:

S. A. Nursing Council Reference Number:										<p>NOTE:</p> <p>The details entered here must correspond exactly with the details shown in your South African Identity Document or your passport.</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:</p> <p>Enter your home postal address – to be recorded in the register</p> <p><u>Do not</u> use the address of the health establishment where you will be performing community service.</p>
Postal Code: <input style="width: 40px;" type="text"/>	

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 the health establishment where you will be performing community service.</p>
Postal Code: <input style="width: 40px;" type="text"/>	



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

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. 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:

Country where Qualification Issued															
Name of Nursing Education Institution															
Name of Qualification															
Date Qualification Issued	(yyyy-mm-dd)					Y	Y	Y	Y	-	M	M	-	D	D
Name of Regulatory body in Country where issued															
Details of Legislation (under which qualification was issued – if applicable)															

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


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

1. Certified copy of applicant's identity document or passport.
2. Registration fee of **R437-00^(*)** (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use the SANC number followed immediately by **REGFPRA** as reference.
 (*) The abovementioned fee applies from **01 January 2022**.

FOR OFFICE USE ONLY		
Check	Card	
	Cash	
	Cheque	
	Direct deposit	



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