

APPLICATION FORM FOR LEARNERS TO BE ADMITTED TO A NURSING COUNCIL EXAMINATION

Regulation number and full name of Examination for the course according to the exam schedule	R. _ _ _ _
Examination Date (CCYY – MM – DD)	
Number and name of Nursing Education Institution	S
Examination Centre	

SANC Ref No:	Surname	Full Names	Signature of learner
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I,
(Full name of person in charge of Nursing Education Institution)

Hereby certify that the above-named learners are eligible for admission to the examination for this course in terms of the regulations for the course (as amended).

I furthermore certify that the learners who previously failed the above-mentioned examination twice have/have not undergone the relevant remedial training as stipulated in Circular 6/2007.

Signature:

Date:
(SANC-21 (2022))



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