

SOUTH AFRICAN NURSING COUNCIL

NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING

**QUALIFICATION: HIGHER CERTIFICATE AUXILIARY NURSING
(GOVERNMENT NOTICE NO. R.169 OF 8 MARCH 2013)**

- This information must be provided by the Head of the Nursing Education Institution
- Incomplete and incorrect forms will not be processed

1. DETAILS OF THE NURSING EDUCATION INSTITUTION				
Name (as approved by Council)				
SANC Ref number (S-File No.)				
Accreditation certificate number				
Full physical address				
Telephone Number				
Fax Number				
E-mail address				
Web address				
2. DETAILS OF PERSON IN CHARGE OF NURSING EDUCATION				
Name of Person in Charge of Nursing Education				
SANC Reference Number				
Professional Qualifications e.g. Additional qualification in Nursing Education and Management				
3. SAQA ID OF THE ACCREDITED PROGRAMME				
4. STUDENT DETAILS				FOR OFFICE USE
Surname				
First Names in full				
SANC Reference Number				
SA Identity Document Number OR Passport number, and country of issue				
Date of Commencement of study				

	(Year)	(Month)	(Day)	
Date of resumption (if applicable)				
	(Year)	(Month)	(Day)	
Date of Completion				
	(Year)	(Month)	(Day)	

5. RECORD OF EDUCATION AND TRAINING AND CREDITS (THEORY)				
5.1 EXIT LEVEL OUTCOMES (ELOS)	MODULES/ SUBJECTS AS PER ACCREDITED PROGRAMME	PRESCRIBED CREDITS AS PER ACCREDITED PROGRAMME	ACHIEVED BY THE LEARNER	FOR OFFICE USE
NB: Complete where applicable				
5.1.1 Apply basic knowledge of anatomy, physiology, biophysics, pharmacology and microbiology in the provision of nursing care;				
5.1.2 Communicate effectively in a variety of ways in a nursing context;				
5.1.3 Use Scientific Nursing approach to address the basic needs of individuals and groups in a various health care settings;				
5.1.4 Demonstrate appropriate methods of interacting sensitively and professionally with people from diverse background;				
5.1.5 Maintain professionalism in Nursing practice within the ethical and legal framework				
5.1.6 Participate in addressing the needs of the individuals and groups in a community				
5.2 WORK INTEGRATED LEARNING	AREA OF PRACTICE	PRESCRIBED CREDITS	ACHIEVED BY THE LEARNER	FOR OFFICE USE
Use scientific approach in rendering basic Nursing care in accordance with standardized/prescribed plan of care for the following needs: <ul style="list-style-type: none"> - Hygiene needs - Nutritional needs - Elimination needs - Internal homeostasis needs - Activity and stimulation needs - The need for well-being including sleep, pain, position and comfort - Safety needs - Basic wound care needs 				

<ul style="list-style-type: none"> - Psychological needs - Learning needs - Cultural and spiritual needs - Need for a peaceful death 				
Basic First Aid				
Professionalism in terms of the code of ethics for nurses				
Record-keeping				

5.3 SUMMATIVE ASSESSMENT OUTCOMES

5.3.1 (THEORY)

Subject/module/study unit	Assessment Outcome	For office use

5.3.2 WORK INTEGRATED LEARNING/ EXPERIENTIAL LEARNING

Module/subject/study unit	Assessment outcomes	For office use

Key for Course codes: (Where applicable)

Declaration that the learner has met the educational and training requirements for the Higher certificate: Auxiliary Nursing			
Learner details			
Surname	<hr/>		
Given names in full	<hr/>		
SANC reference number	<hr/>		
South African identity document number	<hr/>		
OR Passport number	<hr/>		
Country of issue	<hr/>		
Education and Training details (*)			
Name of Institution:			
Date of commencement	Year:	Month:	Day:
Date of completion	Year:	Month:	Day:
Declaration by subject head or programme coordinator			
<p>I hereby declare that the aforementioned student:</p> <ul style="list-style-type: none"> Has complied with all the prescribed education and training requirements for registration in the category Auxiliary nurse in terms of Government Notice No. R169 of 2013 <p>I further declare that:</p> <ul style="list-style-type: none"> The information provided is accurate and based on the authentic education and training records of the said student; All the education and training of the student was accurately recorded for the duration of the programme; The Nursing Education Institution has in its possession all the original education and training records, including but not limited to assessment and clinical records; There is no evidence that such Education and training records were tampered with or are in any way fraudulent; and In the event that any tampering of the records or fraudulent records are detected after this declaration is made, I undertake to immediately notify the Council thereof in writing. <p>I fully understand the meaning and implications of this declaration (**)</p>			
Full names (Print)	<hr/>		
Designation	<hr/>		
SANC reference number	<hr/>		
Signature	<hr/>		
Date	<hr/>		
Declaration by Person in charge of Nursing Education Institution			
<p>I declare that the information provided is accurate and based on the authentic education and training records of the said student.</p> <p>I fully understand the meaning and implications of this declaration (**)</p>			

<p>Full names (Print)</p> <p>_____</p> <p>Designation</p> <p>_____</p> <p>SANC reference number</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p> <p>_____</p>	<p>Affix Stamp of the Nursing Education Institution here</p>
<p>(*) Any entry into the register made in error or through misrepresentation will be deleted/removed from the register.</p>	
<p>(**) 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 section 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).</p>	

