

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

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|--|---------------------------------------|
| Regulation number and full name of Examination for the course according to the exam schedule | R. _____ |
| Examination Date | Y Y Y Y - M M - D D |
| 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.

| | | |
|---------------|---------------------------------------|--|
| Date | Y Y Y Y - M M - D D | |
| Email address | | |
| Signature | | |

(SANC-21 (2023))



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