Application for registration in the category Community Service

Instructions   *This form is to be used **only** by applicants who trained at a South African Nursing Education Institution.*

Please complete all required information using a ballpoint pen and print clearly.

Personal Details

									NOTE:
SA Nursing Council Reference Number	1								*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.*
Title (tick ☐ one box)	Dr		Mr		Ms		Prof		
Surname									
Given Names (in full)									
Maiden Name (if applicable)									
Gender (tick ☐ one box)	Female			Male					
Date of Birth	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 Issue Date	Y Y Y Y – M M – D D
– Passport Expiry Date	Y Y Y Y – M M – D D

Postal Address

	NOTE:
	1.Enter your home postal address - to be recorded in the register.
	2. Do not use the address of your Nursing Education Institution.
	3. Do not use the address of the health establishment where you will be performing community service.
Postal Code	

Residential Address (if different from postal address)

Postal Code		

Address to which your registration certificate should be posted (if different from postal address)

Postal Code		

Contact Details

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

Qualification Details

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

Details of Community Service

Name of Health Establishment *(where Community Service will be performed)*											
Name of Town / City											
Province											
Commencement Date of Community Service	Y	Y	Y	Y	–	M	M	–	D	D	

Declaration by Applicant

I certify that the information provided in this application is true and correct.

Signature	
Date	Y Y Y Y – M M – D D

Declaration by Head of Nursing Education Institution

I declare that:	*Stamp of Nursing Education Institution*
– 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	
SANC Reference Number	
Date	Y Y Y Y – M M – D D

Please note: This form must be accompanied by the following items when submitting to the SANC:

1. **Certified** copy of applicant's identity document or passport	**FOR OFFICE USE ONLY**
2. Official transcript of training for the above-mentioned course	Card
3. Registration fee of R790-00 (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by **REGFPRA** as a reference *(eg. 12345678REGFPRA)*	Direct deposit

SANC 4.22 (2023-01-01)