



**South African Nursing Council**  
Regulating nursing, advocating for the public

## Notice of Commencement of Community Service

*This application form must be accompanied by the the Record of Training.  
Failure to submit these records will result in an unprocessed application.*

### Practitioner Details

SANC Reference Number	<b>1</b>																			
Title <i>(tick ✓ one box)</i>	Dr		Mr		Ms															
Surname																				
Given Names <i>(in full)</i>																				
Maiden Name <i>(if applicable)</i>																				
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D										
South African Identity Number																				

### Confirmation of Commencement of Service

Health Establishment <i>(where Community Service has commenced)</i>																				
Name of Town/City																				
Province																				
Date of Commencement	Y	Y	Y	Y	-	M	M	-	D	D										

### Declaration by Practitioner

<i>I hereby certify that the information provided in this notice is true and correct.</i>																				
Signature																				
Date	Y	Y	Y	Y	-	M	M	-	D	D										

### Declaration by Head of the Health Establishment

<i>I certify that the above-named practitioner has commenced Community Service at the Public Health Establishment on the date indicated above.</i>																				
Print Name																				
Signature																				
Date	Y	Y	Y	Y	-	M	M	-	D	D										

SANC-4-24 (2023-01-01)



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