

Completion of Community Service Report

Please print all required information using a ballpoint pen
All information must be supplied – this will ensure that details which may have changed during the period of
Community Service are correctly updated in the register.

Practitioner Details

SANC Reference Nur	mber	1									NO:	<u>TE:</u>					
Title	(tick ✓ one box)	Dr.		.1	Mr	 r.		Ms.	I		If you have changed any of the details appearing in your						
Surname													•	_	-		
Julianie	_										-	-			-	sport	
Given Names	(in full)										since registering as a student and if you have not already						
Maiden Name	(if applicable)															•	
													-		submi tantic		
													-		er with		
												licatio		getiie	· vvici	i tins	
Data of Birth			\/			,		D (1	D //				, 				
Date of Birth		Υ	Υ	Υ	Υ			M	M	_	D	D					
South African Identi	ty Number:																
<u>OR</u> alternatively, for those applicants who do not have a South African Identity Number:																	
 Passport Numb 	per																
 Passport Count 	try of Issue										_						
 Passport Expiry 	y Date	Υ	Υ	Υ	Υ	′	-	M	M	-	D	D					
Postal Address (ad	ddress to which you	ır reg	istrat	tion ce	rtifico	ate :	should	be pos	ted)								
								NOTE	: Ente	r vou	r hom	ne nos	stal a	ddres	s – to	he	
									_	-		-					
								recorded in the register. - <u>Do not</u> use the address of the health establishment where you performed Community									
	Po	stal C	Code					Servic	ce.								
Residential Addre	SS (<u>if different fror</u>	n pos	stal a	<u>ddress</u>)												
							NOTE : Enter your home residential address here										
							only if it is different to your postal address.										
								<u>Do not</u> use the address of the health establishment where you performed Community									
	Ро	stal C	Code					Service.									



Cecilia Makiwane Building, 602 Pretorius Street, Arcadia, Pretoria 0083 Private Bag X132, Pretoria 0001, Republic of South Africa



Tel: 012 420 1000 Fax: 012 343 5400 SANC Fraud Hotline: 0800 20 12 16



website: www.sanc.co.za

Completion of Community Service Report (cont.)

Contact Details

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

Details of Community Service

Name of Health Establishment (where Community Service was completed)											
Name of Town/ City											
Province											
Date of commencement of Community Service	Υ	Υ	Υ	Υ	I	\bowtie	M	1	О	D	
Date of completion of Community Service	Υ	Υ	Υ	Υ	ı	M	M	1	D	D	

Declaration by Practitioner

I certify that the information provided in this report is true and correct.											
Signature											
Date	Υ	Υ	Υ	Υ	-	M	M	-	D	D	

Declaration by Head of Public Health Establishment

I certify that the above named practitioner has completed the required 12-month period of Community Service at this Public Health Establishment, starting on the commencement date and ending on the completion date indicated above.

Signature										
Full Names and Surname										
Date	Υ	Υ	Υ	Υ	-	M	M	-	D	D

Stamp of Public Health
Establishment



Cecilia Makiwane Building, 602 Pretorius Street, Arcadia, Pretoria 0083 Private Bag X132, Pretoria 0001, Republic of South Africa



Tel: 012 420 1000 Fax: 012 343 5400 SANC Fraud Hotline: 0800 20 12 16



website: www.sanc.co.za

Completion of Community Service Report (cont.)

Declaration by Provincial Coordinator for Community Service

I certify that the above-named practitioner has completed the 12-month period of Community Service required in terms of the regulations and is now eligible to be registered as Professional Nurse.											
Signature											
Full Names and Surname											
Date	Υ	Υ	Υ	Υ	-	M	M	-	D	D	

Banking Details

Name of the Bank	First National Bank (FNB)	FOR OFFICE USE ONLY						
Name of Account Holder	South African Nursing Council	Card						
Account Number	514 2118 6193	Direct deposit						
Branch Code	25 15 45							
Amount payable	R1 580-00 (including VAT) (R1 580 R790-00 for registration as Midwif	equals R790-00 for registration as a Nurse plus re)						
Deposit Reference	Your SANC reference number and the word REGFPRA (eg. 12345678REGFPRA)							
Fax proof of payment to	012) 426 9516							

SANC-4-25 (2023-01-01)



Cecilia Makiwane Building, 602 Pretorius Street, Arcadia, Pretoria 0083 Private Bag X132, Pretoria 0001, Republic of South Africa



Tel: 012 420 1000 Fax: 012 343 5400 SANC Fraud Hotline: 0800 20 12 16



website: www.sanc.co.za