



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

## Application for Registration of an Additional Qualification

### Personal Details

SA Nursing Council Reference Number																				
Title <i>(tick ☐ one box)</i>	Dr	Mr			Mrs			Prof												
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																				
<b>OR</b> alternatively, for those applicants who do not have a South African Identity Number:																				
- Passport Number																				
- Passport Country of Issue																				
- Passport Expiry Date	Y	Y	Y	Y	-	M	M	-	D	D										

### Contact Details

Postal Address <i>(for all correspondence)</i>																			
Email Address																			
Contact Number	( + _ _ _ )																		

### Qualification Details

Qualification <i>(as stated on Certificate/Diploma)</i>																			
Name of Training Institution																			
Date of Completion of Course	Y	Y	Y	Y	-	M	M	-	D	D									

### Payment Details

Name of Bank	FIRST NATIONAL BANK																		
Account Number	514 2118 6193																		
Branch Code	25 15 45																		
Amount Payable for Certificate	<b>R460.00</b>																		
Fax proof of payment to	(012) 426 9516																		

### Signature of Applicant

Signature of Applicant																			
Date	Y	Y	Y	Y	-	M	M	-	D	D									

SANC-6 (2023-01-01)



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SANC Fraud Hotline: 0800 20 12 16



website: [www.sanc.co.za](http://www.sanc.co.za)