



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

## Application for Registration as a Constituent Assessor/Moderator

### Personal Details

SA Nursing Council Reference Number:	<b>1</b>																			
Title <i>(Tick one block)</i>	Dr	Mr		Ms																
Surname																				
Given Names <i>(In full)</i>																				
Maiden Name <i>(If applicable)</i>																				
Gender <i>(Tick one block)</i>	Female						Male													
Date of Birth	Y	Y	Y	Y																
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	-															
— Passport Expiry Date	Y	Y	Y	Y	-															

### Contact Details

Postal Address <i>(address for all correspondence)</i>																				
																	Postal Code			
Residential Address <i>(If different from postal address)</i>																				
																	Postal Code			
Contact number																				
Email address																				



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

Chairperson: Dr M Molepo, Vice Chairperson: Dr S Zuma, Acting Registrar & CEO: Ms J Nxumalo

## Application for Registration as a Constituent Assessor/Moderator (cont.)

### Employer Details

Employer's name:	
Employer's address:	

### Details of Generic Assessment Unit Standard (only required if **NOT** registered as a Nurse)

Educator

Name of the Provider where this unit standard was obtained	
Name of the ETQA/SETA that accredited this unit standard	

### Declaration by the Applicant

I declare that the information furnished herein is true and correct

Signature											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

**(For office use only)**

Amount Received	R										
Receipt date											
Results evaluation <small>(tick <input type="checkbox"/> one box)</small>	<b>PROCEED-issued certificate(s)</b>					<b>DO NOT proceed until identified problems have been corrected</b>					
Date evaluation completed	Y	Y	Y	Y	-	M	M	-	D	D	
Full names and Surname of Evaluator											
Signature of evaluator											
Certificate number(s) issued											

*SANC-17 (2023-01-01)*



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**Constituent (field specific) are applied for** (please tick  the relevant qualification(s))

Code	Constituent Field	Relevant Registered Qualification	Years of Clinical experience	Relevant CPD Points (not yet applicable)
15	General Nursing			
16	Psychiatric Nursing			
70	Community Health Nursing			
21	Midwifery			
201	Post Basic Child Nursing			
202	Post Basic Community Health Nursing			
204	Post Basic Midwifery and Neonatal Nursing			
205	Post Basic Occupational Health Nursing			
206	Post Basic Psychiatric Nursing			
78	Clinical Nursing Science, Health Assessment, Treatment and Care			
79	Geriatric Nursing			
65	Nursing Education			
58	Nursing Administration			
75	Occupational Health Nursing			
60	Operating Theatre Nursing			
59	Ophthalmological Nursing			
61	Orthopaedic Nursing			
62	Paediatric Nursing			
	Other (please Specify)			

## Banking Details

Name of the Bank	First National Bank (FNB)
Name of Account Holder	South African Nursing Council
Account Number	514 2118 6193
Branch Code	25 15 45
Amount payable	R230.00 each
Deposit Reference	<b>Your</b> SANC reference number and the word <b>ASSESSR</b> eg. 12345678ASSESSR
Fax proof of payment to	012) 426 9516

### Instructions for completing your application as a Constituent Assessor/Moderator

1. Please complete one form for each application as an Assessor and a separate form for application as a Moderator.
2. Complete all the required information on the application form. Please use CAPITAL LETTERS.
3. Re-check the form to make sure that nothing has been left out. Incomplete applications will not be accepted.
4. Sign and date the form. Note that in so doing, you are declaring that all the information provided is true and correct.
5. Ensure that you have attached all the relevant supporting documentation and that copies have been certified.
6. Pay the required fees into the Council's bank account and attach your proof of payment.
7. Post your application to the Council or you may courier or hand-deliver the documents to the Council offices.

#### **NB: The following must be enclosed with your application:**

- Certified copy of the original *Statements of Results* issued by the ETDP/SETA (if NOT a Nursing Educator).
- Certified copy of the original certificate/letter of achievement issued by the provider of the generic assessment training (If NOT a Nursing Educator).
- Original letter(s) from employer(s) confirming years of clinical experience.
- A non-refundable applicable fee off **R230.00** (VAT inclusive) PER FIELD in which you wish to be registered as an assessor/moderator.
- **NB. Ensure that the correct reference number and code are used**



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