

NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING
for
QUALIFICATION: BACHELOR'S DEGREE IN NURSING AND MIDWIFERY
(Government Notice No. R.174 of 8 March 2013)

- This information must be provided by the Head of the Nursing Education Institution
- Please print clearly in block letters
- Incorrect and/or incorrect forms will not be processed

Nursing Education Details

Name of Institution <i>(as approved by SANC)</i>											
SANC Reference Number	1										
Accreditation Certificate Number											
Physical Address											
	Postal Code										
Postal Address <i>(if different from above)</i>											
	Postal Code										
Contact number	(_ _ _) _ _ _ _ _ _ _ _										
Facsimile number	(_ _ _) _ _ _ _ _ _ _ _										
Email address											
Website											

Person in Charge of Training Details

Full names and Surname											
SANC Reference Number	1										
Professional Qualifications <i>(e.g. Additional Qualification in Nursing Education)</i>											
SAQA Code of the Accredited Programme											

**NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING
for BACHELOR'S DEGREE IN NURSING AND MIDWIFERY (cont.)**

Student Personal Details

SANC Reference Number	1											
Surname												
Given names in full												
SA Identity Document number												
OR <i>alternatively, for those applicants who do not have a South African Identity Number</i>												
Passport Number												
Country of Issue												
Date of Issue	Y	Y	Y	Y	-	M	M	-	D	D		
Date of Expiry	Y	Y	Y	Y	-	M	M	-	D	D		
OR <i>alternatively, for Refugee / Asylum Seekers</i>												
Permit Number												

Student Study Details

Date of Commencement	Y	Y	Y	Y	-	M	M	-	D	D	
Date of Termination (if applicable)	Y	Y	Y	Y	-	M	M	-	D	D	
Date of Resumption (if applicable)	Y	Y	Y	Y	-	M	M	-	D	D	
Date of Completion	Y	Y	Y	Y	-	M	M	-	D	D	
Date of Licensure Examination / Completion	Y	Y	Y	Y	-	M	M	-	D	D	

Record of Education and Training Theory *(complete where applicable)*

Exit Level Outcomes (ELOS)	Modules /Subjects as per Accredited Programme	Prescribed Credits as per Accredited Programme	Achieved by Student	For Office Use
Apply knowledge of biological and natural sciences, psycho-social sciences and pharmacology in the provision of safe Nursing and Midwifery care, throughout the life span, in a variety of health care settings and communities in response to population needs				
Identify and address ethical and legal issues based on critical reflection on the suitability of different ethical values (and legal) systems to the Nursing and Midwifery practice within the legal framework				
Manage a health care facility based on the understanding of the roles and relationships within the multi-disciplinary team				

NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING for BACHELOR'S DEGREE IN NURSING AND MIDWIFERY (cont.)

Record of Education and Training Theory (cont.) *(complete where applicable)*

Exit Level Outcomes (ELOS)	Modules /Subjects as per Accredited Programme	Prescribed Credits as per Accredited Programme	Achieved by Student	For Office Use
Access, produce and manage information effectively, including health information systems				
Conduct research in investigating Nursing and health-related problems in order to improve quality of care				
Apply learning strategies effectively to address own and other's professional and personal ongoing learning needs in a self-critical manner				
Apply knowledge of theories , methods and techniques in the practice safe clinical nursing that is responsive to the needs of the individual ,the family and the community, in accordance with 3 national legislative and policy frameworks at all levels of health care				
Provide safe and quality Midwifery and Neonatal care in a scientific integrated and evidence-based approach in all health care settings				

Work Integrated Learning

Description	Area of Practice	Prescribed Credits	Achieved by Student	For Office Use

**NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING
for BACHELOR'S DEGREE IN NURSING AND MIDWIFERY (cont.)**

Summative Assessment Outcomes (Theory)

[illegible]

Work Integrated Learning / Experiential Learning

[illegible]

**NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING
for BACHELOR'S DEGREE IN NURSING AND MIDWIFERY (cont.)**

Key for Course Codes (where applicable)

[illegible]

Approved Clinical Facility / Other Experiential Learning Sites used for Placement of Students

[illegible]

Leave

[illegible]

NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING for BACHELOR'S DEGREE IN NURSING AND MIDWIFERY (cont.)

Declaration that the Student has met the Educational and Training Requirements for the Diploma: General Nurse

Name of Institution											
Date of commencement)	Y	Y	Y	Y	-	M	M	-	D	D	
Date of completion	Y	Y	Y	Y	-	M	M	-	D	D	
Date of Licensure exam	Y	Y	Y	Y	-	M	M	-	D	D	

Declaration by Subject Head / Programme Co-ordinator

I hereby declare that the aforementioned student Has complied with all the prescribed education and training requirements for registration in the category Auxiliary nurse in terms of Government Notice No. R1171 of 2013.

I further declare that:

- The information provided is accurate and based on the authentic education and training records of the said student;
- All the education and training of the student was accurately recorded for the duration of the programme;
- The Nursing Education Institution has in its possession all the original education and training records, including, but not limited to, assessment and clinical records;
- There is no evidence that such Education and training records were tampered with or are in any way fraudulent; and
- In the event that any tampering of the records or fraudulent records are detected after this declaration is made, I undertake to immediately notify the Council thereof in writing.

I fully understand that any entry into the register made in error or through misrepresentation will be deleted/removed from the register

SANC Reference Number	1										
Full names and Surname											
Designation											
Signature											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

Declaration by Person in Charge of Nursing Education Institution

I declare that the information provided is accurate and based on the authentic education and training records of the said student. I fully understand the meaning and implications of this declaration (

I fully understand that any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of section 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).

SANC Reference Number	1										
Full names and Surname											
Designation											
Signature											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

Affix Stamp of the Nursing Education Institution here

SANC-4.14 (2023)



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

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