



South African Nursing Council
Regulating nursing, advocating for the public

APPLICATION FOR A POSITION

STRICTLY CONFIDENTIAL

1. This form must be fully, accurately and legibly completed by the applicant.
2. If the space allowed for any item is inadequate, an annexure may be attached.
3. Certified copies of Identity Document, Grade 12 Certificate and the highest required qualifications, professional affiliation certificate as well as a driver's licence where necessary, will only be submitted by shortlisted candidates to the Human Resources Department on or before the day of the interview date.
4. Attach an updated Curriculum Vitae (CV) with detailed roles and responsibilities and a minimum of three (3) contactable references, including current employer.

SECTION 1:

THE ADVERTISED POST:

Reference No: _____

Position applied for (as advertised): _____

Did you apply for any other post in this advertisement?

Yes

No

If yes, specify the post reference numbers: _____

SECTION 2:

MEETING POST REQUIREMENTS:

Do you meet the requirements of the post as advertised?	Yes	No
Minimum academic qualification(s)	<input type="checkbox"/>	<input type="checkbox"/>
Minimum relevant experience	<input type="checkbox"/>	<input type="checkbox"/>
Professional registration (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge, skills and competencies	<input type="checkbox"/>	<input type="checkbox"/>
Driver's licence (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3:

PERSONAL DETAILS:

Surname: _____

First Names: _____

Residential/Postal address: _____

Postal Code:

Contact No.(s): _____ Work: _____

Email: _____ Fax: _____

Date of birth: _____ Place of birth: _____

Identity number: _____ Nationality: _____

Gender: Male Female Yes No

Race: African White Coloured Indian

Driver's licence code: _____ SARS Tax number: _____

Own transport: Yes No

Do you have a disability? Yes No

If yes, state what kind of disability: _____

Marital Status: Unmarried Married Widowed Divorced

Professional body (active membership only): _____

Category: _____ Registration Number: _____

Have you been convicted of a criminal offence?

Yes	
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No	
----	--

Have you ever been dismissed from employment?

Yes	
-----	--

No	
----	--

If yes, state the details: _____

Are there any disciplinary actions against you (pending/convicted)?

Yes	
-----	--

No	
----	--

If yes, state the details: _____

SECTION 4:

EDUCATION DETAILS:

4.1: FULL DETAILS OF SCHOOL LEAVING QUALIFICATION:

Name of School:	Highest qualification obtained:	Year obtained:
1.		

4.2: DETAILS OF POST-MATRIC QUALIFICATIONS: (*attach certified certificate/s*)

Name of Institution:	Name of qualification:	Area of Specialisation:	Year obtained:
1.			
2.			
3.			
4.			
5.			
6.			

4.3: CURRENT STUDIES (INSTITUTION AND QUALIFICATION):

Name of Institution:	Name of qualification:	Area of Specialisation:	Year to complete
1.			
2.			

4.4: OTHER RELATED COURSES/TRAINING (*attach certified certificate/s*)

Name of Institution:	Name of course/training:	Area of Specialisation:	Year obtained:
1.			
2.			
3.			
4.			

SECTION 5:

LANGUAGES PROFICIENCY

Languages:	Speak (Y/N):	Read (Y/N):	Write (Y/N):

SECTION 6:

CAREER PARTICULARS (Start with the current position occupied)

Present monthly Remuneration:

R

Pension Coverage Yes/No:

Medical Aid:

Bonus:

R

Leave: (Work)/Calendar days per annum

State approximate remuneration (total cost per month) required:

R per month

Date of availability:

1.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:			Reasons for leaving:						

2.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:			Reasons for leaving:						

3.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		
Employer's Contact Number:			Reasons for leaving:						

4.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		

Employer's Contact Number:	Reasons for leaving:
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5.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		

Employer's Contact Number:	Reasons for leaving:
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6.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		

Employer's Contact Number:	Reasons for leaving:
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7.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		

Employer's Contact Number:	Reasons for leaving:
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8.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		

Employer's Contact Number: _____

Reasons for leaving: _____

9.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		

Employer's Contact Number: _____

Reasons for leaving: _____

10.	Employer's Name	Employer Physical Address	Post held	From		To		HR Contact Person	HR Contact Person details (Tel. and Email)
				MM	YYYY	MM	YYYY		

Employer's Contact Number: _____

Reasons for leaving: _____

SECTION 7:

NEXT OF KIN (PREFERABLY NOT LIVING AT THE SAME ADDRESS AS THE APPLICANT)

Name and Surname: _____

Relationship: _____

Address: _____

Telephone Number: _____

SECTION 8:**REFERENCES** (Start with the current employer, state only the direct or indirect supervisor).

01 Name and Surname: _____
 Position: _____ Company/Organization: _____
 Physical Address: _____
 Telephone Number: _____ Email: _____

02 Name and Surname: _____
 Position: _____ Company/Organization: _____
 Physical Address: _____
 Telephone Number: _____ Email: _____

03 Name and Surname: _____
 Position: _____ Company/Organization: _____
 Physical Address: _____
 Telephone Number: _____ Email: _____

SECTION 9:**COMPANY DECLARATION****9.1: COMPANIES OWNED BY YOU/IMMEDIATE FAMILY MEMBERS:**

Company Name	Designation	Services	Date of Registration	Remuneration
1.				
2.				
3.				

9.2: REMUNERATION OUTSIDE WORK (e.g. AS A BOARD MEMBER OR INDEPENDENT MEMBER, IF A COMMITTEE)

Company Name	Designation	Services	Remuneration	Telephone No.
1.				
2.				
3.				

SECTION 10:**ADDITIONAL INFORMATION**

Have you previously been employed by the SANC?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If so, state period(s):

From:	<input type="text"/>
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To:	<input type="text"/>
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Are any of your previous colleague(s) currently employed by the SANC?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are any of your friends currently employed by the SANC?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are any of your relatives currently employed by the SANC?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you related to any Council Member?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If so, state their names and relationship: _____

SECTION 11:**DECLARATION**

I _____
 declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge.
 I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed.

Signature: _____

Date: _____