**APPLICATION FORM FOR LEARNERS TO BE ADMITTED TO A NURSING COUNCIL EXAMINATION**

|  |  |
| --- | --- |
| Regulation number and full of Examination for the course according to the exam schedule | R.\_\_\_\_\_ |
| Examination Date (CCYY – MM – DD) |  |
| Number and name of Nursing Education Institution | S.\_\_\_\_\_ |
| Examination Centre |  |
| Date of completion |  |

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| --- | --- | --- | --- |
| **SANC Ref No:** | **Surname** | **Full Names** | **Signature of learner** |
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I,……………………………………………………………………………………………………………………………………………………………………………………..

(Full name of person in charge of Nursing Education Institution)

Hereby certify that the above -named learners are eligible for admission to the examination for this course in terms of regulations for the course (as amended).

I furthermore certify that learners who previously failed the above-mentioned examination twice have/has not undergone the relevant remedial training as stipulated in Circular 6/2007.

Signature:………………………………………………………………………. Date:……………………………………………………………

(SANC-23(2024)