

Application for registration in the category Community Service

- Instructions:**
1. This form is to be used **only** by applicants who trained at a South African Nursing Education Institution
 2. Please complete all required information using a ballpoint pen and print clearly

Personal Details:

S. A. Nursing Council Reference Number								<p>NOTE: If you have changed any of the details appearing in your identity document or passport since registering as a student and if you have not already done so, you must submit certified proof substantiating the change together with this application.</p>				
Title (tick <input type="checkbox"/> one box)	Dr	Mr	Ms	Miss								
Surname												
Given Names (in full)												
Maiden Name (if applicable)												
Sex (tick <input type="checkbox"/> one box)	Female			Male								
Date of Birth (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D		
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 Expiry Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D		

Postal Address:


	<p>NOTE: Enter your home postal address – to be recorded in the register.</p> <p><u>Do not</u> use the address of your Nursing Education Institution.</p> <p><u>Do not</u> use the address of the health establishment where you will be performing community service.</p>			
Postal Code				

Residential Address (if different):

	<p>NOTE: Enter your home residential address here <u>only</u> if it is different to your postal address.</p> <p><u>Do not</u> use the address of your nursing education institution.</p> <p><u>Do not</u> use the address of the health establishment where you will be performing community service.</p>			
Postal Code				

SANC 4-2 rev 10 (2024.01.01)

 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

Address to which your registration certificate should be posted (if different):

					<p>NOTE: Enter the postal address to which your registration certificate and/or any correspondence in connection with this application should be sent.</p> <p>The address details entered here will <u>not</u> be recorded in the register.</p>
Postal Code					

Contact Details:

Telephone Number (home)																				
Telephone Number (work)																				
Cellular phone Number																				
Fax Number																				
E-mail Address																				

Qualification Details:

Nursing Education Institution Number																				
Name of Nursing Education Institution																				
Name of Course Completed																				
Completion Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D										
Name of Qualification																				
Date of Qualification issued/ to be issued (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D										

Details of Community Service:

Name of Health Establishment (Hospital or Clinic) (where Community Service will be performed)																				
Name of Town / City																				
Province																				
Date of commencement of Community Service (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D										

Signed by Applicant:

I certify that the information provided in this application is true and correct																				
Signature																				
Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D										

Declaration by Head of Nursing Education Institution:

<p>I declare that:</p> <ul style="list-style-type: none"> - I have checked the application for both content and completeness; - The applicant has completed and met all the requirements of the course; - The applicant has been/ will be issued the above qualification by the above named institution on the date indicated; and - I may be held personally responsible for any errors or omissions in connection with this application. 																			
Signature																			

Print Name										
S. A. Nursing Council Reference Number										
Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D

Stamp of Nursing Education Institution

Please note that when this form is submitted to the Nursing Council it must be accompanied by the following items:

- | |
|--|
| 1. <u>Certified</u> copy of applicant's identity document or passport |
| 3. Registration fee of R840-00 ^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by REGFPRA as reference. |

FOR OFFICE USE ONLY			
Check		Card	
		Cash	
		Direct deposit	

^(*) The above-mentioned fee applies from **01 January 2024**