

## Application for Enrolment as a Nursing Auxiliary OR Application for Enrolment as a Nurse

### Personal Details:

SA Nursing Council Reference Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>NOTE:</b> <i>The application form must be accompanied by the Notice of Termination and the Record of Training. Failure to submit these records will result in an unprocessed application.</i>				
Title: (tick <input type="checkbox"/> one box)	Dr.	Mr.	Mrs.	Ms.								
Surname:												
Given Names (in full):												
Maiden Name (if applicable):												
Gender: (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:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>OR</b> alternatively, for those applicants who do not have a South African Identity Number:												
- Passport Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Passport Country of Issue:												
- Passport Expiry Date: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D		

### Contact Details:

Postal Address:																
Contact number (cell phone): +	(	<input type="text"/>	<input type="text"/>	)	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact number (work):	(	<input type="text"/>	<input type="text"/>	)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Qualification Details:

Qualification: (tick <input type="checkbox"/> one box)	Nursing Auxiliary	Enrolled Nurse
Name of Training Institution:		

### Banking Details:

Name of Bank:	FIRST NATIONAL BANK
Account Number:	514 2118 6193
Branch Code:	25 15 45
Fax proof of payment to:	(012) 426 9516
Amount Payable for Certificate:	<b>R840.00</b>
Signature of Applicant:	
Date:	

(2024.01.01)



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