

Application for Registration in the category General Nurse (R171)

Personal Details:

SA Nursing Council Reference Number																	
Title	(tick 🗆 one box)	Dr		Mr		Mrs.		Ms		<u>NO</u>	<u>TE</u> :						
Surname										The		pplic			orm	mus	
Given Names (in full)										and	pro	oof	of	payr	nent	(R84	of ID 0.00).
Maiden Name (if applicab														bove catior		sult in	
Gender	(tick 🗆 one box)	Female			Male				unt	, i i pi c		30 <i>0</i>	appir	oution			
Date of Birth	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	I	D	D						
South African Identity Nur	nber																
<u>OR</u> alternatively, for those applicants who do not have a South African Identity Number:																	
– Passport Number																	
 Passport Country of Issue 																	
 Passport Expiry Date 	e (yyyy-mm-dd)	Y	Υ	Υ	Y	-	Μ	Μ	-	D	D						
Contact Details:																	
Postal Address																	
Contact number (cell phone) +		()				-				-				
Contact number (work)		()				-				
Qualification Details:																	
Qualification (tick one box)		Dip	loma	in Nu	ursing	9											
Name of Training Institution																	
Signature of Applicant																	
Date																	
Banking Details:																	
Name of Bank			FIRST NATIONAL BANK														
Account Number		514	211	8 619	3												
Branch Code		25	15 45	5													
Amount Payable for Certificate		R84	40.00														
Reference				EGFF	PRA												
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(2024.01.01)

