



South African Nursing Council
Regulating nursing, advocating for the public

Application for Registration of an Additional Qualification

Personal Details:

SA Nursing Council Reference Number																				
Title (tick <input type="checkbox"/> one box)	Dr			Mr			Mrs.			Ms										
Surname																				
Given Names (in full)																				
Maiden Name (if applicable)																				
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										

Contact Details:

Postal Address (address for all correspondence)																				
Contact number	()															
E-mail address																				

Qualification Details:

Qualification (as stated on Certificate/Diploma)																				
Name of Training Institution																				
Date of completion of course (yyyy-mm-dd)					-			-												

Payment Details:

Name of Bank	FIRST NATIONAL BANK																			
Account Number	514 2118 6193																			
Branch Code	25 15 45																			
Amount Payable for Certificate	R490,00																			
Fax proof of payment to	(012) 426 9516																			
Signature of Applicant																				
Date (yyyy-mm-dd)					-			-												

(SANC 6\2024.01.01)



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