

Application for Registration of a Foreign Qualification

Pei	rsoi	nal	De	tai	ls:

SA Nursing Council	Reference Number															
Title:	(tick one block)	Dr.		Mr.		Mrs	S.	Ms.								
Surname:	(family name)															
Given Names:	(in full)															
Maiden Name:	(if applicable)															
Gender:	(tick one block)	Fem	ale			Ma	le									
Date of Birth:	(yyyy-mm-dd)	Υ	Υ	Υ	Υ	_	\mathbb{N}	M	_	D	D					
Country of Citizens	hip:															
Current SA Resider block)	ntial Status: <i>(tick</i>	SA C	lent	Res	iding	outsio	de RS	A	Refugee		Asylum Seekei		eeker			
South African Iden	tity Number:															
OR alternatively, j	for those applicants พ	vho do	not h	ave a	Soutl	h Afri	ican I	denti	ty Nur	nber:						
– Passport Numl	ber:															
– Passport Coun	try of Issue:															
– Passport Expiry Date: (yyyy-mm- dd)			Υ	Υ	Υ	_	M	M	-	D	D					
<u>OR</u> alternatively, f	for Refugee/Asylum S	eekers	i:													
– Permit Numbe	er:															
Contact Details:																
Postal Address:																
(Address for all cor	(Address for all correspondence)															
		Postal Code:														
Residential													<u> </u>			-
Address: (If																
different)		Postal Code:														
Contact number:																
Email address:			•		•	•		•	•		•	•				
Alternative Person's	s Contact Details:	•														
Name of alternativ	e person:															
Relationship:																
Contact number:																
Email address:			•	•	•	•	•	•	•	•	•	•				
L										Ce	ecilia N	1akiwan	e Build	ing,		



Cecilia Makiwane Builaing, 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

Elective Practica Employment			Research						ıdv			V٥	oluntary Service						
NOTE:	Linployment	Research Study							voluntary oct vice										
If your application is bas	od on Nursing or N	/idv	ifon	a	lificat	ionc	ohta	inad	outci	40 S	+h	Λfric	2 1/	ou mi	ict co	امسما	at o		
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Details of Institution whe					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,														
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Qualification Details:																			
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Number of qualification		1		11.61		2				3 sic Qualification									
		Basi	c Qua	alitio	cation			Po	ost Ba	isic Q	ualii	ricati	on						
Name of Programme:																			
Language of Instruction:							1			-							_		
Qualification (as stated on Certificate/ Diploma):			General Nurse			Midwife			•					ommunity Other (specify) lurse					
Post-Basic Qualification	(please specify):																		
Certificate Number:																			
Start date of course:	(yyyy-mm-dd)	Υ	Υ	Υ	Υ	_	M	M	-	D	D								
End date of course	(yyyy-mm-dd)	Υ	Υ	Υ	Υ	_	M	M	_	D	D								
Details of Authorised Reg	ulatory Body:				•							•							
Name of Body where queregistered:	alification																		
Country:																			
Completion date of cou	rse: (yyyy-mm-dd)	Υ	Υ	Υ	Υ	_	M	M	_	D	D								
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Physical Address: (a	ddress for Courier)																		
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											Post	tal Co	ode.				Τ		
		-									. 55								
Name and Designation of	of Contact Person:																		

Name of Capacity/Qualification:

Date of Registration:
Certificate Number:

Are you currently licensed to practice in any country? (tick one block)	YES	•							NO				
Language of Instruction:													
Qualification: (as stated on Certificate/Diploma)													
Certificate Number													
Start Date of course (yyyy-mm-dd)	Υ	Υ	Υ	Υ	-	\mathbb{N}	M	-	D	D			
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(as stated on Certificate/Diploma)										
Certificate Number										
Start Date of course (yyyy-mm-dd)	Y Y Y A M M - D D									
Declaration by the Applicant:										
	(full names and surname)									
as the applicant whose details appear on the first page, DECLARE that:										
 I have studied the South African Nursing Council Policy Guidelines for Foreign Registrations in order to determine the requirements applicable to my application and the process that must be followed. The information submitted in this application is correct. The attached copies of certificates and other documents are correct and legitimately belong to me. I understand that the process of this application for registration will be deemed invalid if all required documents are not attached and if the form is not completed. I have paid the applicable application fee and have attached proof of payment into the South African Nursing Council bank account. 										
 I am aware that the application fee is non-refundable even if the application is withdrawn, abandoned, or whatever the outcome of the application may be. 										
Signature of Applicant:										
Date: (yyyy-mm-dd)	Y Y Y A M M - D D									

SANC 7 (2024.01.01)