

Application for Registration of a Foreign Qualification

Personal Details:

SA Nursing Council Reference Number												
Title: <i>(tick one block)</i>	Dr.	Mr.	Mrs.	Ms.								
Surname: <i>(family name)</i>												
Given Names: <i>(in full)</i>												
Maiden Name: <i>(if applicable)</i>												
Gender: <i>(tick one block)</i>	Female					Male						
Date of Birth: <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D		
Country of Citizenship:												
Current SA Residential Status: <i>(tick block)</i>	SA Citizen		SA Resident			Residing outside RSA			Refugee		Asylum Seeker	
South African Identity Number:												
<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: <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D		
<u>OR</u> alternatively, for Refugee/Asylum Seekers:												
- Permit Number:												

Contact Details:

Postal Address: <i>(Address for all correspondence)</i>								
	Postal Code:							
Residential Address: <i>(If different)</i>								
	Postal Code:							
Contact number:								
Email address:								

Alternative Person's Contact Details:

Name of alternative person:								
Relationship:								
Contact number:								
Email address:								



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

Confirmation of Good Standing:

Are you currently licensed to practice in any country? <i>(tick one block)</i>	YES	NO									
Language of Instruction:											
Qualification: <i>(as stated on Certificate/Diploma)</i>											
Certificate Number											
Start Date of course <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D	

Declaration by the Applicant:

<p>I, _____ <i>(full names and surname)</i> as the applicant whose details appear on the first page, DECLARE that:</p> <ul style="list-style-type: none"> • I have studied the <i>South African Nursing Council Policy Guidelines for Foreign Registrations</i> 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: <i>(yyyy-mm-dd)</i>	Y	Y	Y	Y	-	M	M	-	D	D	