

Community Service Completion Report

- Instructions:**
1. Please complete all required information using a ballpoint pen.
 2. Print all information clearly.
 3. All information must be supplied – this will ensure that details which may have changed during the period of Community Service are correctly updated in the register.

Personal Details of Practitioner:

S. A. Nursing Council Reference Number									NOTE: If you have changed any of the details appearing in your identity document or passport since registering as a student and if you have not already done so, you must submit certified proof substantiating the change together with this application.					
Title: (tick ✓ one box)	Dr.	Mr.	Ms.	Miss										
Surname:														
Given Names (in full):														
Maiden Name (if applicable):														
Gender: (tick ✓ one box)	Female				Male									
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				

Postal Address:

	NOTE: Enter your home postal address – to be recorded in the register. Do not use the address of the health establishment where you performed Community Service.			
Postal Code:				

(2024.01.01)



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

Residential Address (if different):

Postal Code:					

NOTE: Enter your home residential address here only if it is different to your postal address.
Do not use the address of the health establishment where you performed Community Service.

Address to which your registration certificate should be posted (if different):

Postal Code:					

NOTE: Enter the postal address to which your registration certificate and/or any correspondence in connection with your registration should be sent.
The address details entered here will not be recorded in the register.

Contact Details:

Telephone Number (home):														
Telephone Number (work):														
Cellular phone Number:														
Fax Number:														
E-mail Address:														

Details of Community Service:

Name of Health Establishment (hospital/Clinic): (where Community Service was completed)														
Name of Town/ City:														
Province:														
Date of commencement of Community Service: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D				
Date of completion of Community Service: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D				

Signed by Practitioner:

I certify that the information provided in this report is true and correct.
Signature:

Date: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D
1. Registration fees of R1 680-00 ^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by REGFPRA as reference.										

For office use	
Cash	
Direct deposit	

(*) R1 1680 equals R8400-00 for registration as a Nurse plus R840-00 for registration as Midwife.

The above-mentioned fee applies from **01 January 2024**.

Signed by Head of Public Health Establishment:

I certify that the above-mentioned practitioner has completed the required 12-month period of Community Service at this Public Health Establishment, starting on the commencement date and ending on the completion date indicated above.										
<u>Signature:</u>										
Print Name:										
Date: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D

Stamp of Public Health Establishment

Signed by Provincial Coordinator for Community Service:

I certify that the above named practitioner has completed the 12-month period of Community Service required in terms of the regulations, and is now eligible to be registered as Professional Nurse.										
<u>Signature:</u>										
Print Name:										
Date: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D