



South African Nursing Council
Regulating nursing, advocating for the public

Notification of TERMINATION of a course

Personal Details:

S. A. Nursing Council Reference Number:																				
Title: (tick ✓ one box)	Dr	Mr	Ms	Miss	NOTE:															
Surname:	The application must be accompanied by termination records. Failure to submit termination records will result in an unprocessed application.																			
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										

Leave granted:

Type (e.g., vacation/ sick)	From	To	Period

Qualification Details:

Nursing Education Institution Number: (only for South African institutions)																				
Name of Nursing Education Institution: Province:	Province:																			
Name of Course TERMINATED:																				
Termination Date: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D										
REASON FOR TERMINATION: (tick ✓ one box)																				
Poor Academic Performance		Incapacity (Ill-health)		Personal Reasons																
Dismissal for misconduct		Abscondment		Death																
Others, please specify																				
Level at which the learner terminated																				
Name and Signature of the learner:																				
Name and Signature of Head of Nursing Education Institution:																				

SCHOOL STAMP

SANC 30 (2024.01.01)

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