South African Nursing Council
Regulating nursing, advocating for the public

NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING
for
QUALIFICATION: DIPLOMA IN NURSING GENERAL NURSE
(Government Notice No. R. 171 of 8 March 2013)

- *This information must be provided by the Head of the Nursing Education Institution*
- *Please print clearly in block letters*
- *Incorrect and/or incorrect forms will not be processed*

1.Nursing Education Details

Name of Institution (as approved by SANC)									
SANC Reference Number	**1**								
Accreditation Certificate Number									
Physical Address									
						Postal Code			
Postal Address (if different from above)									
						Postal Code			
Contact number	(__ __ __) __ __ __ __ __ __ __ __								
Facsimile number	(__ __ __) __ __ __ __ __ __ __ __								
Email address									
Website									

2. Person in Charge of Training Details

Full names and Surname									
SANC Reference Number	**1**								
Professional Qualifications (e.g. Additional Qualification in Nursing Education)									
SAQA Code of the Accredited Programme									

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3. Student Personal Details

SANC Reference Number	**1**										
Surname											
Given names in full											
SA Identity Document number											

OR *alternatively, for those applicants who do not have a South African Identity Number*

Passport Number											
Country of Issue											
Date of Issue	Y	Y	Y	Y	-	M	M	-	D	D	
Date of Expiry	Y	Y	Y	Y	-	M	M	-	D	D	

OR *alternatively, for Refugee / Asylum Seekers*

Permit Number											

3.1 Student Study Details

Date of Commencement	Y	Y	Y	Y	-	M	M	-	D	D	
Date of Termination *(if applicable)*	Y	Y	Y	Y	-	M	M	-	D	D	
Date of Resumption	Y	Y	Y	Y	-	M	M	-	D	D	
Date of Completion	Y	Y	Y	Y	-	M	M	-	D	D	
Date of Professional Entrance Examination / Completion (*completed by the SANC office*)	Y	Y	Y	Y	-	M	M	-	D	D	

4. Record of Education and Training Theory

4.1 Exit Level Outcomes (ELOS)	Modules /Subjects as per Accredited Programme	Prescribed Credits as per Accredited Programme	Achieved credits by student	For Office Use
4.1.1 Provide Nursing care throughout the lifespan in various health care settings				
4.1.2 Render Nursing care within a legal and ethical framework				
4.1.3 Apply knowledge of natural and biological sciences in the practice of Nursing				
4.1.4 Apply knowledge of psycho-social sciences in the practice of Nursing				
4.1.5 Apply knowledge of pharmacology in Nursing practice				
4.1.6 Use and maintain healthcare information systems for Nursing practice				
4.1.7 Manage a healthcare unit by implementing the management process				
4.1.8 Provide reproductive health care to promote and maintain optimum health of individuals and families				
Fundamental credits and hours	Fundamental 32 credits			
Core credits and hours	Core 131 credits			
Theory (Fundamental and Core) credits and hours	Fundamental & Core credits 163	**GRAND TOTAL**	**GRAND TOTAL**	

4.2 Work Integrated Learning: Total credits 197 credits
Outline CPL (60%), SIM (20%) & LRT (20%)

Description	Area of Practice	Prescribed Credits	Achieved credits by learner	For Office Use
First year / level	CPL SIM LRT			
Total				
Second year / level	CPL SIM LRT			
Total				
Third year / level	CPL SIM LRT			
Total				

KEYS/LEGEND
CPL : Clinical Placement Learning
SIM: Simulation
LRT : Learning for Role Taking

4.3 Summative Assessment Outcomes
4.3.1 Theory

Subject / Module / Study Unit	Assessment Outcomes	Pass / Fail	For Office Use
First year / level			
Total			
Second year / level			
Total			
Third year / level			
Total			

4.3.2 Work Integrated Learning / Experiential Learning

Subject / Module / Study Unit	Assessment Outcomes	Pass / Fail	For Office Use
First year / level			
Total			
Second year / level			
Total			
Third year / level			
Total			

4.4 Key for Course Codes *(where applicable)*

Code	Code Explanation	For Office Use

4.5 Approved Clinical Facility / Other Experiential Learning Sites used for Placement of the Student

Name of Facility	Name of Unit / Ward	Number of WIL / Experiential Learning Credits	For Office Use

4.6 Leave

Type of Leave (e.g. vacation, sick)	From										To										No of days	For Office Use
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D		

4.7 Declaration that the learner has met the Educational and Training Requirements for the Diploma: General Nurse

Name of Institution											
Date of commencement	Y	Y	Y	Y	-	M	M	-	D	D	
Date of completion	Y	Y	Y	Y	-	M	M	-	D	D	
Date of Professional Entrance exam	Y	Y	Y	Y	-	M	M	-	D	D	

4.7 Declaration by Subject Head / Programme Co-ordinator

I hereby declare that the aforementioned student Has complied with all the prescribed education and training requirements for registration in the category General Nurse in terms of Government Notice No. R171 of 2013.

I further declare that:

- The information provided is accurate and based on the authentic education and training records of the said;

- All the education and training of the student was accurately recorded for the duration of the programme;

- The Nursing Education Institution has in its possession all the original education and training records, including, but not limited to, assessment and clinical records;

- There is no evidence that such Education and training records were tampered with or are in any way fraudulent; and

- In the event that any tampering of the records or fraudulent records are detected after this declaration is made, I undertake to immediately notify the Council thereof in writing.

I fully understand that any entry into the register made in error or through misrepresentation will be deleted/removed from the register

SANC Reference Number	1										
Full names and Surname											
Designation											
Signature											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

4.8 Declaration by Person in Charge of Nursing Education Institution

I declare that the information provided is accurate and based on the authentic education and training records of the said student. I fully understand the meaning and implications of this declaration.
I fully understand that any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of section 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).

SANC Reference Number	1										
Full names and Surname											
Designation											
Signature											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

Affix Stamp of the Nursing Education Institution here

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