



**South African Nursing Council**  
Regulating nursing, advocating for the public

**NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING  
for  
HIGHER CERTIFICATE AUXILIARY NURSING  
(Government Notice No. R. 169 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 <i>(as approved by SANC)</i>													
SANC Reference Number													
Accreditation Certificate Number													
Physical Address													
	Postal Code												
Postal Address <i>(if different from above)</i>													
	Postal Code												
Contact number	( _ _ _ ) _ _ _ _ _ _ _ _ _ _												
Facsimile number	( _ _ _ ) _ _ _ _ _ _ _ _ _ _												
Email address													
Web address													

**2. Person in Charge of Nursing Education and Training Details**

Full names and Surname											
SANC Reference Number	<b>1</b>										
Professional Qualifications <i>(e.g. Additional Qualification in Nursing Education)</i>											
3. SAQA Code of the Accredited Programme											

SANC 4-10 (2024)

 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](http://www.sanc.co.za)

### 3. Student Personal Details

SANC Reference Number	1											
Surname												
Given names in full												
SA Identity Document number												
<b>OR alternatively, for those applicants who do not have a South African Identity Number</b>												
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		
<b>OR alternatively, for Refugee / Asylum Seekers</b>												
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 (if applicable)	Y	Y	Y	Y	-	M	M	-	D	D		
Date of Completion	Y	Y	Y	Y	-	M	M	-	D	D		
Date of Professional Entrance examination	Y	Y	Y	Y	-	M	M	-	D	D		

### 4. Record of Education and Training Theory *(complete where applicable)*

4.1 Exit Level Outcomes (ELOS)	Modules / Subjects as per Accredited Programme	Prescribed Credits as per Accredited Programme & totals	Achieved credits by Student	For Office Use
4.1.1 Apply basic knowledge of anatomy, physiology, biophysics, pharmacology and microbiology in the provision of nursing care		Total	Total	
4.1.2 Communicate effectively in a variety of ways in a nursing context		Total	Total	
4.1.3 Use Scientific nursing approach to address the basic needs of individuals and groups in a various health care settings		Total	Total	
4.1.4 Demonstrate appropriate methods of interacting sensitively and professionally with people from diverse background		Total	Total	
4.1.5 Maintain professionalism in nursing practice within the ethical and legal framework		Total	Total	
4.1.6 Participate in addressing the needs of the individuals and groups in a community		Total	Total	
<b>Total fundamental credits and hours</b>	Fundamental 16 credits	<b>Total</b>	<b>Total</b>	
<b>Total Core credits and hours</b>	Core 104 credits	<b>Total</b>	<b>Total</b>	
<b>Grand Total of Theory (Fundamental and Core) credits and hours</b>	Fundamental & Core 120 credits	<b>Total</b>	<b>Total</b>	

**4.2 Work Integrated Learning 72 credits** (Outline CPL (60%), SIM (20%) & LRT (20%) credits and hours)

Use a scientific approach in rendering basic nursing care in accordance with standardised / prescribed plans of care for the following needs	Area of Practice	Prescribed Credits	Achieved by Student	For Office Use
- Hygiene needs				
- Nutritional needs				
- Elimination needs				
- Internal homeostasis needs				
- Activity and stimulation needs				
- The need for well-being including sleep				
- Pain, position and comfort				
- Safety needs				
- Basic wound care needs				
- Psychological needs				
- Learning needs				
- Cultural and spiritual needs				
Need for a peaceful death				
<b>Total</b>				
Basic First Aid				
<b>Total</b>				
- Professionalism in terms of the code of ethics for nurses				
<b>Total</b>				
- Record keeping				
<b>Total</b>				
Night duty				
<b>Grand Total</b>				

**KEY/LEGEND**

**CPL** : Clinical placement for learning

**LRT** : Learning for role taking

**SIM** : Simulation

### 4.3 Summative Assessment Outcomes

#### 4.3.1 Theory

Subject / Module / Study Unit	Assessment Outcomes	Pass / Fail	For Office Use

#### 4.3.2 Work Integrated Learning / Experiential Learning

Subject / Module / Study Unit	Assessment Outcomes	Pass / Fail	For Office Use

#### 4.4 Key for Course Codes *(where applicable)*

Code	Code Explanation	For Office Use



**4.7 Declaration that the learner has met the Educational and Training Requirements for Higher Certificate Auxiliary Nursing**

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 afore-mentioned learner Has complied with all the prescribed education and training requirements for registration in the category Auxiliary nurse in terms of Government Notice No. R169 of 2013.

I further declare that:

- The information provided is accurate and based on the authentic education and training records of the said student;
- 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	<b>1</b>										
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 learner.

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	<b>1</b>										
Full names and Surname											
Designation											
Signature											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

*Affix Stamp of the Nursing Education Institution here*

*SANC-4-10 (2024)*