

NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING

QUALIFICATION: BACHELOR'S DEGREE IN NURSING AND MIDWIFERY (Government Notice No. R. 174 of 8 March 2013)

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

1. [Nursing	Education	Details
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1. Nursing Education Deta	ails							
Name of Institution								
(as approved by SANC)								
SANC Reference Number	1							
Accreditation Certificate Number								
Physical Address								
					Postal C	ode		
Postal Address								
(if different from above)								
					Postal C	ode		
Contact number	()	 	 				
Facsimile number	()	 	 				
Email address								
Website								
2. Person in Charge of Tra	aining D	etails						

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



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

3	Stu	dent	Persona	I Details
J.	JLU	ueni	r ei suile	II DELAII3

SANC Reference Number	1													
Surname			ı											
Given names in full														
SA Identity Document number														
OR alternatively, for those applicant	s who	do no	t have	a Sou	ith Af	rican I	dentity	Numb	er		ı		 ı	
Passport Number														
Country of Issue														
Date of Issue	Υ	Υ	Υ	Υ	-	M	M	-	D	D				
Date of Expiry	Υ	Υ	Υ	Υ	-	M	M	-	D	D				
OR alternatively, for Refugee / Asylu	m See	kers							1					
Permit Number														

3.1 Student Study Details

	Υ	Υ	Υ	Υ	-	M	\mathbb{N}	-	D	D	
Date of Commencement											
Date of Termination	Υ	Υ	Υ	Υ	-	M	\mathbb{N}	-	D	D	
(if applicable)											
Date of Resumption	Υ	Υ	Υ	Υ	-	\mathbb{N}	\sim	-	D	D	
(if applicable)											
	Υ	Υ	Υ	Υ	-	\mathbb{N}	\sim	-	D	D	
Date of Completion											
Date of Licensure Examination /	Υ	Υ	Υ	Υ	-	M	\mathbb{N}	-	D	D	
Completion											

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	Achieved credits by Student	For Office Use
	Comprehensive Nursing Care	÷	•	Ė
4.1.1 Apply knowledge of biological and				
natural sciences, psycho-social sciences and				
pharmacology in the provision of safe Nursing				
and Midwifery care, throughout the life span,				
in a variety of health care settings and				
communities in response to population needs				
4.1.2 Identify and address ethical and legal				
issues based on critical reflection on the				
suitability of different ethical values (and				
legal) systems to the Nursing and Midwifery				
practice within the legal framework				
4.1.3 Manage a health care facility based on the understanding of the roles and relationships within the multi-disciplinary team				
4.1.4 Access, produce and manage				
information effectively, including health				
information systems				
4.1.5 Conduct research in investigating				
Nursing and health-related problems in order				
to improve quality of care				
4.1.6 Apply learning strategies effectively to				
address own and other's professional and				
personal ongoing learning needs in a self-				
critical manner				
4.1.7 Apply knowledge of theories, methods				
and techniques in the practice safe clinical				
nursing that is responsive to the needs of the				
individual, the family and the community, in				
accordance with 3 national legislative and				
policy frameworks at all levels of health care				
	Midwifery			
4.1.8 Provide safe and quality Midwifery and				
Neonatal care in a scientific integrated and				
evidence-based approach in all health care				
settings				
4.1.8.1 Improve quality safe of Midwifery and				
Neonatal care through an analytic reflective				
and problem-solving approach				
4.1.8.2 Effectively manage a midwifery unit				
through clinical governance strategy				
Fundamental credits and hours	Fundamental 114 credits	Total	Total	
Core credits and hours	Core 183 credits			
		Total	Total	
Theory (Fundamental and Core) credits and hours	Fundamental & Core 297 credits	Grand Total	Grand Total	

4.2. Work Integrated Learning: 183 credits

Key / Legend

CPL:Clinical Placement Learning

SIM: Simulation

LRT: Learning for Role Taking

4.2.1 Outline Nursing care CPL (60%), SIM (20%) & LRT (20%) Credits and hours per level / year

Area of	Prescribed credits	Achieved by student	For office
Practice	and hours	credits & hours	use
CPL			
SIM			
LRT			
CPL			
CDI			
LKI			
CPL			
SIM			
LRT			
I			1
	Area of Practice CPL SIM LRT CPL SIM LRT CPL SIM LRT CPL SIM LRT CPL SIM LRT	Area of Prescribed credits and hours CPL SIM LRT CPL SIM LRT CPL SIM LRT CPL SIM LRT CPL SIM LRT	Practice and hours credits & hours CPL SIM LRT CPL SIM LRT

4.2.2 Outline Midwifery CPL (60%), SIM (20%) & LRT (20%) credits and hours per level / year

Description	Area of	Prescribed credits	Achieved by student credits &	For
•	Practice	and hours	hours	office
				use
First year / level	CPL			
, , , , ,	SIM			
	LRT			
Total				
Second year /	CPL			
level	SIM			
	LRT			
Total				
Third year / level	CPL			
, ,	SIM			
	LRT			
Total				
Fourth year /	CPL			
level	SIM			
	LRT			
Total				
2 22				
Night duty				
GRAND TOTAL			 	
SIGNO TOTAL	1			

4.2.3 Work Integrated Learning: Comprehensive Nursing Care

Description	Area of Practice	Prescribed Credits	Credits Achieved by Student	For Office Use
Medical wards				
Surgical wards				
Paediatric ward				
Operating Theatre				
Casualty and Outpatient Departments				
Orthopaedical wards				
Gynaecological				
Mental Health				
Community Health Centres / Clinics				
Other: please specify				
4.2.4 Work Integrated Learning: Midwifery	 		<u> </u>	
Health assessments including contraceptive, counselling and health promotion		5		
History taking including mental health		30		
Physical examination		5		
Abdominal examination and completion of gravido- gram		30		
Vaginal examination		10		
Cervical smears		5		
Health promotion sessions (4 women per session)		2		
Demonstrate sessions of antenatal exercises (4 women per session)		2		
CTG placements, monitoring and integration		10		
Admission of a woman in labour		30		
Monitoring of women in labour and completion of partogram		20		
Pelvic assessments		5		
Witnessed deliveries under instruction		5		
Personally conducted, progressed deliveries and deliveries of placentae		20		
Episiotomies, performed and sutured (if accessible)		3		
Suturing of perineal tears (1 st and 2 nd degree)		3		
Breech delivery under instruction (if not accessible student should simulate 2 breech deliveries to the lecturer)		2		
Witnessed complicated deliveries (if accessible)		5		
Prepare and observe instrumental deliveries (if accessible)		5		
Examination of the placenta		20		
Management (if accessible) / Simulation of potential and actual emergencies		5		
Competence in Basic Life Support (BLS) Simulation		5		
Number of post-natal women examined		15		
Number of newborns examined		15		
Assist women with breastfeeding		6		

Description	Area of Practice	Prescribed Credits	Credits Achieved by	For Office
	1144140	er curto	Student	Use
Demonstration sessions of postnatal exercises (4 women in a group)		2		
Conduct Total Serum Bilirubin (TSB) testing and Polymerase Chain Reaction (PCR) testing of the neonates		5		
Commence and monitor phototherapy for 5 neonates		5		
Discharge and give health education to 10 women		10		
Discharge the newborn		10		

4.3 Summative Assessment Outcomes (Theory) per level of study / year

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

4.4 Work Integrated Learning / Experiential Learning per level of study / year

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

Course Code Code Explanation For Office Use

4.5 Key for Course Codes (where applicable)

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

4.7 Leave

Type of Leave (e.g. vacation, sick)								Го									No of days	For Office Use				
	Υ	Υ	Υ	Υ	-	\mathbb{N}	\mathbb{N}	-	D	D	Υ	Υ	Υ	Υ	-	M	\mathbb{N}	1	D	D		
	Υ	Y	Υ	Υ	-	\mathbb{N}	\mathbb{N}	-	D	D	Υ	Υ	Υ	Υ	-	M	\mathbb{N}	-	D	D		
	Υ	Υ	Υ	Υ	-	\mathbb{N}	M	-	D	D	Υ	Υ	Υ	Υ	-	M	M	-	D	D		
	Υ	Υ	Υ	Υ	-	\mathbb{N}	M	-	D	D	Υ	Υ	Υ	Υ	-	M	M	-	D	D		
	Υ	Υ	Υ	Υ	-	\mathbb{N}	M	-	D	D	Υ	Υ	Υ	Υ	-	M	M	-	D	D		
	Υ	Υ	Υ	Υ	-	\mathbb{N}	\mathbb{N}	-	D	D	Υ	Υ	Υ	Υ	-	M	\mathbb{N}	1	D	D		
	Υ	Υ	Υ	Υ	-	M	M	-	D	D	Υ	Υ	Υ	Υ	-	M	M	-	D	D		
	Υ	Υ	Υ	Υ	-	\mathbb{N}	M	-	D	D	Υ	Υ	Υ	Υ	-	M	M	-	D	D		
	Υ	Υ	Υ	Υ	-	M	M	-	D	D	Υ	Υ	Υ	Υ	-	M	M	-	D	D		·
	Υ	Υ	Υ	Υ	-	M	M	-	D	D	Υ	Υ	Υ	Υ	-	M	M	-	D	D		·

4.8 Declaration that the student has met the Educational and Training Requirements for the Bachelor's degree in Nursing and Midwifery

Name of Institution											
Date of Commencement	Υ	Υ	Υ	Υ	-	M	M	-	D	D	
Date of Completion	Υ	Υ	Υ	Υ	-	M	M	-	D	D	
Date of Licensure Examination	Υ	Υ	Υ	Υ	-	M	M	-	D	D	

4.9 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 categories Professional nurse and Midwife in terms of Government Notice No. R174 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	1										
Full names and Surname											
Designation											
Signature											
Date	Υ	Υ	Υ	Υ	-	M	\bowtie	-	D	D	

4.10 Declaration by Person in Charge of Nursing Education Institution

File Declaration by 1 cross in charge of Harsing Laucation institution											
I declare that the information provided is accurate and based on the authentic education and training records of the said											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											his
declaration may be charged with an offence in terms of section 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).											J5).
SANC Reference Number	1										
Full names and Surname											
Designation											
Signature											
Date	Υ	Y	Y	Y	-	M	M	-	D	D	

Affix Stamp of the Nursing Education Institution here

SANC-4.14 (2024)