South African Nursing Council
Regulating nursing, advocating for the public

# Application for Registration as a Learner Nurse/Midwife

*Please complete all required information using a ballpoint pen and print clearly.*
*No correction fluid must be used on the forms.*
*A certified copy of your **identity document or passport** (the details of which are reflected in this application) and your **school leaving certificate** must be submitted together with this application. If either of these two documents is in a language which is not an official language of South Africa, a sworn translation of the document, made by a certified translator, must accompany the document.*

**Programme to be followed**

| | | | |
|---|---|---|---|
| R.169 | Higher Certificate in Nursing | 180 | |
| R.171 | Diploma in Nursing | 179 | |
| R.174 | Bachelor of Nursing | 178 | |
| R.1497 | Advanced Diploma in Midwifery | 181 | |
| R.635 | Postgraduate Diploma | | |
| | | | |
| Other (please specify) | | | |

**Learner Details**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SANC Reference Number | **1** | | | | | | | | | | | | | | |
| Title *(Tick one block)* | Dr | | | Mr | | | | Ms | | | | | | | |
| | | | | | | | | | | | | | | | |
| Surname *(Family name)* | | | | | | | | | | | | | | | |
| Given Names *(In full)* | | | | | | | | | | | | | | | |
| Maiden Name *(If applicable)* | | | | | | | | | | | | | | | |
| Gender *(Tick one block)* | Female | | | | Male | | | | | | | | | | |
| Date of Birth | Y | Y | Y | Y | - | M | M | - | D | D | | | | | |
| Country of Citizenship | | | | | | | | | | | | | | | |
| Current SA Residential Status *(tick one block)* | SA Citizen | | SA Resident | | | Residing outside RSA | | | | | Refugee | | Asylum Seeker | | |
| 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 Issue Date | Y | Y | Y | Y | - | M | M | - | D | D | | | | | |
| — Passport Expiry Date | Y | Y | Y | Y | - | M | M | - | D | D | | | | | |
| OR *alternatively, for Refugee/Asylum Seekers* | | | | | | | | | | | | | | | |
| — Permit Number | | | | | | | | | | | | | | | |

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

Chairperson: Dr MC Molepo, Vice-Chairperson: Prof DR Phetlhu, Registrar and CEO: Prof NG Mtshali

## Application for Registration as a Learner Nurse/Midwife (cont.)

**Qualification Details**

| | | | | | |
|---|---|---|---|---|---|
| Name of Institution | | | | | |
| Highest Educational Standard/Grade | | | | | |
| Year completed | Y | Y | Y | Y | |

**Contact details**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Postal Address *(Address for all correspondence)* | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Postal Code | | | | | | | | | | | | | | |
| Residential Address *(if different from postal address)* | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Postal Code | | | | | | | | | | | | | | |
| Contact number | | | | | | | | | | | | | | | |
| Email address | | | | | | | | | | | | | | | |

**Details of programme to be followed**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name of Nursing Education Institution | | | | | | | | | | | | | | | |
| Date of commencement / resumption of training | Y | Y | Y | Y | - | M | M | - | D | D | | | | | |
| Which year of the programme will you be entering? *(tick one block*: | *1st Year* | | *2nd Year* | | *3rd Year* | | *4th Year* | | | | | | | | |

**Declaration by Learner**

*Answer these six questions with a definite "YES" or "NO" by making a tick (☑) in the appropriate block. If the reply to any of the questions is "YES", full particulars must be submitted together with the application.*

***WARNING:***

*An incorrect answer to any of these questions could lead to professional conduct action being taken against you.*

*If you are in doubt as to how to answer one or more of these questions, please contact the SANC for assistance on the last page.*

| | | |
|---|---|---|
| **1.** Are you now, or have you previously been registered or enrolled with the South African Nursing Council as a Nurse/ Midwife/ Nursing Auxiliary? | **YES** | **NO** |
| **2.** Are you now, or have you previously been registered or enrolled with the South African Nursing Council as a **Student Nurse/ Midwife** or as a **Pupil Nurse/ Nursing Auxiliary**? | **YES** | **NO** |
| **3.** Have you been terminated from training? If "YES" attach *Notice of Termination* from previous NEI? | **YES** | **NO** |
| **4.** Have you ever been found guilty of an offence in any country? | **YES** | **NO** |
| **5.** Is a charge of an offence pending against you in any country? | **YES** | **NO** |
| **6. Are you studying this course full-time or part time?** | **Full time** | **Part time** |

| *I certify that the information on this application form is true and correct* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Full names and Surname** | | | | | | | | | | | |
| **Signature of Applicant** | | | | | | | | | | | |
| **Date** | Y | Y | Y | Y | - | M | M | - | D | D | |

## Application for Registration as a Learner Nurse/Midwife (cont.)

**Learner Statistical Information** *(unless otherwise indicated, mark ONE block in each section with a cross "X")*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Province in which you live** | | Eastern Cape | EC | | | Mpumalanga | MP |
| | | Free State | FS | | | Northern Cape | NC |
| | | Gauteng | GP | | | North West | NW |
| | | KwaZulu-Natal | KZN | | | Western Cape | WC |
| | | Limpopo | LP | | | | |
| **Employment equity code** *(Dept. of Labour codes)* | | Black African | BA | | | Indian/Asian | IA |
| | | Coloured Person | CP | | | White | WH |
| **Nationality** | | South Africa | SA | | | Democratic Republic of Congo | DRC |
| | | Angola | ANG | | | Zambia | ZAM |
| | | Botswana | BOT | | | Zimbabwe | ZIM |
| | | Lesotho | LES | | | Rest of Africa | ROA |
| | | Malawi | MAL | | | | |
| | | Mauritius | MAU | | | Asian Countries | AIS |
| | | Mozambique | MOZ | | | Australia and New Zealand | AUS |
| | | Namibia | NAM | | | Central and South America | SOU |
| | | Seychelles | SEY | | | European Countries | EUR |
| | | Swaziland | SWA | | | North American Countries | NOR |
| | | Tanzania | TAN | | | Other and rest of Oceania | OOC |
| **Home language** (Predominantly used home language, if more than one) | | Afrikaans | AFR | | | Sesotho | SES |
| | | English | ENG | | | Setswana | SET |
| | | isiNdebele | NDE | | | siSwati | SWA |
| | | isiXhosa | XHO | | | South African Sign Language | SASL |
| | | isiZulu | ZUL | | | Tshivenda | TSH |
| | | Sepedi | SEP | | | Xitsonga | XIT |
| | | Other (please specify) | | | | | OTH |
| **Resident status** | | SA Citizen | SA | | | SA Permanent Resident | PR |
| | | Dual (SA plus other) | DU | | | Other | OT |
| | Please specify other: | | | | | | |
| **Socio-economic status** | | Employed – on study leave | | | | | 01 |
| | | Not working – student | | | | | 06 |
| **Disability status** (If necessary, please select more than one item under this section) | | None | | | | | 00 |
| | | Sight: | Experience problems even when wearing spectacles / contact lenses | | | | 01 |
| | | Hearing: | Experience problems even when wearing hearing aid or with implant | | | | 02 |
| | | Communication: | Talking / listening | | | | 03 |
| | | Physical: | Moving / standing / grasping | | | | 04 |
| | | Intellectual: | Difficulties in learning/challenged | | | | 05 |
| | | Emotional: | Behavioural or psychological | | | | 06 |
| | | Other: | Not mentioned above | | | | 09 |

## Application for Registration as a Learner Nurse/Midwife (cont.)

**Declaration by the Designated Person in Charge of Education and Training**

| *I certify that the information on this application form is true and correct* | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Full names and Surname** | | | | | | | | | | | |
| **Signature of Applicant** | | | | | | | | | | | |
| **Date** | Y | Y | Y | Y | - | M | M | - | D | D | |

***Stamp of Nursing Education Institution***

**Banking Details**

| | |
|---|---|
| Name of the Bank | First National Bank (FNB) |
| Branch Code | 25 15 45 |
| Name of Account Holder | South African Nursing Council |
| Account Number | 51425166282 |
| Amount payable | **R310-00 paid** by the Nursing Education Institution on behalf of the learner |
| Deposit Reference | S (NEI number) |

**N.B.:** **Documents to be submitted within 2 months (60 days) of commencement date of training.**
A penalty fee of **R990-00** per applicant will be levied on the NEI for **late submission** of learner documents.

**SA Nursing Council Contact Details**

| **Postal Address** | **Physical Address** |
|---|---|
| The Registrar<br>South African Nursing Council<br>Private Bag X132<br>PRETORIA<br>0001 | The Registrar<br>South African Nursing Council<br>602 Pretorius Street<br>Arcadia<br>PRETORIA<br>0083 |
| **Contact Number (Call Centre)** | 012 420-1000 |
| **Fax Number** | 012 343-5400 (24-hour) |
| **Email Address** | learnerdesk@sanc.co.za |
| **Website** | www.sanc.co.za |

*SANC-5-3 (2024)*