

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 <i>(Tick one block)</i>	Dr	Mr	Ms																
Surname <i>(Family name)</i>																			
Given Names <i>(In full)</i>																			
Maiden Name <i>(If applicable)</i>																			
Gender <i>(Tick one block)</i>	Female									Male									
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D									
Country of Citizenship																			
Current SA Residential Status <i>(tick one block)</i>	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																			



Qualification Details

Name of Institution						 Cecilia Makiwane Building, 602 Pretorius Street, Arcadia, Pretoria 0083 Private Bag X132, Pretoria 0001, Republic of South Africa	
Highest Educational Standard/Grade						 Tel: 012 420 1000	
Year completed	Y	Y	Y	Y			

Contact details

Postal Address <i>(Address for all correspondence)</i>	 website: www.sanc.co.za Chairperson: Dr MC Molepo, Vice-Chairperson: Prof DR Phetlhu, Registrar and CEO: Prof NG Mtshali										
	Postal Code										
Residential Address <i>(if different from postal address)</i>											
	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? <i>(tick one block:</i>	1 st Year		2 nd Year			3 rd Year			4 th 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 <i>Notice of Termination</i> 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

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	OOO	
			Sesotho	SES	
			Setswana	SET	
		siSwati	SWA		
		South African Sign Language	SASL		
		Tshivenda	TSH		
		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	

Declaration by learner

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

Declaration by the Designated Person in Charge of Education and Training

I, certify that I have checked this application form for completeness and accuracy, and to the best of my knowledge it is true and correct (based on the information supplied to me).

NB. 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, (Act 33 of 2005).

<i>I certify that the information on this application form is true and correct</i>												
Full names and Surname												
Signature of the person in charge of NEI												
Date	Y	Y	Y	Y	-	M	M	-	D	D		

SANC-5-3 (2024)

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 The Registrar South African Nursing Council Private Bag X132 PRETORIA 0001	Physical Address The Registrar South African Nursing Council 602 Pretorius Street Arcadia PRETORIA 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

Page 4 of 5



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



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