



South African Nursing Council
Regulating nursing, advocating for the public

Application for Registration in the category Auxiliary Nurse (R. 169)

Personal Details:

SA Nursing Council Reference Number																			<p>NOTE:</p> <p><i>The application form must be accompanied by certified copy of ID and proof of payment (R840.00). Failure to submit the above will result in an unprocessed application.</i></p>
Title (tick <input type="checkbox"/> one box)	Dr	Mr	Ms	Prof															
Surname																			
Given Names (in full)																			
Maiden Name (if applicable)																			
Gender (tick <input type="checkbox"/> one box)	Female				Male														
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D									
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									
Name of Training Institution																			
Signature of Applicant																			
Date	Y	Y	Y	Y	-	M	M	-	D	D									

Contact Details:


Postal Address																		
Contact number (cellphone)	()					-					-				
Contact number (work)	()					-					-				

Banking Details:

Name of Bank	FIRST NATIONAL BANK
Account Number	51421186193
Branch Code	251545
Amount Payable for Certificate	R840.00
Reference	SANC number followed by REGFPRA (eg, 12345678REGFPRA)

SANC (2024-01-17)

 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