

Application for Distinguishing Devices

1. How to order your distinguishing devices

At the counter	By Post/ Email/ Fax	Important Notes
<ol style="list-style-type: none"> 1. Read this instruction sheet through carefully to make sure you understand what to do before starting to complete the order form. 2. Complete the personal details section. 3. Locate the devices you wish to order and fill in the number required in the space provided (maximum 5 pairs per item in any 12-month period). 4. Calculate the total cost per item and write it in the amount column. 5. Calculate the total amount (excluding courier cost) – this is the amount due, so make sure you can pay this amount when you come to the counter. 6. Date and sign your order form. 7. Hand your order form, SA ID/passport/SA driver's license document and credit/debit card to the cashier at the counter on the ground floor of the Council building, weekdays between 08:00 and 16:00. You cannot pay using cash at the counter. In addition, postal orders, cheques, SASSA Cards, American Express Cards and Diners Club Cards are no longer accepted. 	<ol style="list-style-type: none"> 1. Read this instruction sheet through carefully to make sure you understand what to do before starting to complete the order form. 2. Complete the personal details section. 3. Locate the devices you wish to order and fill in the number required in the space provided (maximum 5 pairs per item in any 12-month period). 4. Calculate the total cost per item and write it in the amount column. 5. Calculate the total amount (including courier cost) – this is the amount due. 6. Date and sign your order form. 7. Pay for your order at the bank or EFT using your SANC Number followed by the word SALEDDS as beneficiary/recipient reference. 8. Post/Email/Fax the order form together with your proof of payment to; Distinguishing Devices Section S A Nursing Council Private Bag X132 PRETORIA, 0001 Fax: 012 343 5400 Email: devices@sanc.co.za 	<ul style="list-style-type: none"> ❖ If you send someone else to purchase your devices at the counter, you <u>must</u> also complete the authorisation letter at the back of the order form and give the person a <u>certified copy</u> of your SA Identity Document/Passport. ❖ Devices will ONLY be issued to persons who have valid ID documents/SA driver's license documents/passports. ❖ Postal orders, cheques, SASSA Cards, American Express Cards and Diners Club Cards are no longer accepted. <p><u>BANKING DETAILS:</u> ACCOUNT NAME: SA NURSING COUNCIL BANK: FIRST NATIONAL BANK ACCOUNT NO: 51421186193 BRANCH: 253145</p> <p>REFERENCE: USE YOUR 8-DIGIT SANC NUMBER FOLLOWED BY THE TRANSACTION CODE: SALEDDS. FOR EXAMPLE: 12345678SALEDDS</p>



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

2. Please read the following notes carefully–

- The prices shown are valid as at 1 April 2024, but prices are subject to change.
- The prices shown on this form will be applicable to orders received on or after the 01 April 2024.
- An order is considered to have been received when both the payment and the order form have been submitted.
- The distinguishing devices shall be worn as prescribed in the relevant regulations **unless** the person is a member of the South African Military Nursing Services and wears the military uniform.
- Only persons who are registered and/or enrolled with the South African Nursing Council are permitted to wear the distinguishing devices.
- The form must be completed by a pen and hand signed.
- You may only purchase distinguishing devices that you are entitled to wear by virtue of the categories in which you are registered/enrolled.
- You may purchase a maximum of **FIVE SETS** of each type at one time. You are also limited to **FIVE SETS** of each type in any 12-month period (i.e. the total ordered in this order plus any other orders received during the previous 12 months).
- It is an **offence** to sell or supply distinguishing devices supplied to you to any other person. You are also not allowed to offer someone distinguishing devices as a present/gift.
- Distinguishing devices ordered by post or by fax **cannot** be collected at the counter unless you have made prior arrangements to do so with the Distinguishing Devices Section when sending your order. This is also applicable to courier services.
- Distinguishing devices are sent by courier at the buyer's risk.
- Allow six weeks for your distinguishing devices to reach you by courier.
- Unfortunately, the Council **cannot** accept the following methods of payment:
 - Telegraphic money orders
 - Post Office donation coupons
 - Postal Orders
 - Cash at the Council Offices (Counter)
 - Cash on Delivery (C.O.D.) for orders to be dispatched by post
 - Cheques
 - SASSA Card
 - Diners Club Card
 - American Express Card.

3. Assistance with Your Order

Distinguishing devices are valuable goods, and all orders are sent by insured parcel courier. The Distinguishing Devices Section will provide you with the relevant Courier Service Waybill Number.

If you have any problems filling in the order form or if you have any other questions, please contact the Call Centre for assistance on:

- (012) 420-1000 (Call Centre).

4. Returns Policy

Distinguishing devices which are found to be defective must be returned to the SANC within three months from the date of purchase. If, after examination by the SANC, the devices are found to be defective (in the manufacturing process), such devices will be replaced by the SANC at no additional charge to the original purchaser. The devices must be returned to the SANC for inspection in the original packaging in which they were supplied.



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Personal Details

SANC Reference Number																				
Surname																				
Given Names																				
Maiden Name (if applicable)																				
Identity Number																				
Telephone (office hours)	Cell phone																			
Physical Address:(If ordering by post/email or fax, your distinguishing devices will be sent to this address)																				

Order Form

VAT: All prices include 15% Value Added Tax

Devices for REGISTERED PERSONS:	Price per pair	No. of pairs	Amount
Shoulder Badges (silver and blue) for Registered Persons <i>(NB. These are worn on the Epaulettes but are sold separately)</i>	R 50,00 per pair	x	= R
Epaulettes (maroon) for General Nurses	R 100,00 per pair	x	= R
Epaulettes (navy blue) for Psychiatric Nurses	R 90,00 per pair	x	= R
Epaulettes (dark blue) for Mental Nurses	R 90,00 per pair	x	= R
Epaulettes (light blue) for Nurses for Mental Defectives	R 90,00 per pair	x	= R
Epaulettes (green) for Midwives / Accoucheurs	R 90,00 per pair	x	= R
Epaulettes (purple) for Sick Children's Nurses	R 90,00 per pair	x	= R
Bars (navy blue) for Psychiatric Nurses	R 40,00 per pair	x	= R
Bars (dark blue) for Mental Nurses	R 40,00 per pair	x	= R
Bars (light blue) for Nurses for Mental Defectives	R 40,00 per pair	x	= R
Bars (green) for Midwives / Accoucheurs	R 40,00 per pair	x	= R
Bars (white) for Nursing Education	R 40,00 per pair	x	= R
Bars (silver) for Nursing Administration	R 40,00 per pair	x	= R
Bars (yellow) for Public / Community Health Nursing	R 40,00 per pair	x	= R
Devices for ENROLLED NURSES / MIDWIVES:	Price per pair	No. of pairs	
Epaulettes (white) for Enrolled Nurses and/or Midwives	R 120,00 per pair	x	= R
Oval Badges (maroon) for Enrolled Nurse only	R 70,00 per pair	x	= R
Oval Badges (green) for Enrolled Midwife only	R 70,00 per pair	x	= R
Oval Badges (half maroon and half green) for person who is both Enrolled Nurse and Enrolled Midwife	R 70,00 per pair	x	= R
Devices for ENROLLED NURSING AUXILIARIES:	Price each	No. required	
Round Brooch for Enrolled Nursing Auxiliaries	R 60,00 each	x	= R
Total Amount (excl. Courier)			R
ADD: Courier Cost			R 90,00
Total Amount (incl. Courier)			R

Date of order
Signature

As the payment reference, use your SANC reference number followed by payment code: SALEDDS. This code means that the payment is in respect of an order for distinguishing devices.

Authorisation Letter

(for someone else to collect Distinguishing Devices on your behalf)

This Authorisation Letter must only be completed and signed by the Applicant

Personal Details of Practitioner


<i>I hereby declare that:</i> - I authorise the person designated below, to collect and pay for the Distinguishing Devices ordered by me, on my behalf; - these distinguishing devices are for my own personal use; - I am aware that it is an offence to supply distinguishing devices to any other person in terms of the regulations regarding distinguishing devices. I have enclosed a certified copy of my Identity Document/ Passport together with this application.													
S. A. Nursing Council Reference Number	1												NOTE: If you have changed any of the details appearing in your identity document or passport and if you have not already done so, you must submit certified proof substantiating the change together with this Letter.
Title (tick ✓ one box)	Dr.	Mr.	Ms.	Prof.									
Surname													
Given Names (in full)													
Maiden Name (if applicable)													
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 Expiry Date	Y	Y	Y	Y	-	M	M	-	D	D			

Details of person authorised to collect on Practitioner's behalf

<i>I hereby declare that:</i> - I authorise the person designated below, to collect and pay for the Distinguishing Devices ordered by me, on my behalf; - these distinguishing devices are for my own personal use; - I am aware that it is an offence to supply distinguishing devices to any other person in terms of the regulations regarding distinguishing devices. - I have enclosed a certified copy of my Identity Document/Passport together with this application.												
Name and Surname (Authorised Person)												
South African Identity Number (Authorised Person)												
Signature (Applicant)												
Print Name (Applicant)												
Date	Y	Y	Y	Y	-	M	M	-	D	D		

SANC-13 (2024-04-01)

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