



South African Nursing Council
Regulating nursing, advocating for the public

Community Service Completion Report

- Instructions:**
1. Please complete all required information using a ballpoint pen.
 2. Print all information clearly.
 3. All information must be supplied – this will ensure that details which may have changed during the period of Community Service are correctly updated in the register.

Personal Details of Practitioner:

S. A. Nursing Council Reference Number																					NOTE: If you have changed any of the details appearing in your identity document or passport since registering as a student and if you have not already done so, you must submit certified proof substantiating the change together with this application.
Title: (tick ✓ one box)	Dr.	Mr.	Ms.	Miss																	
Surname:																					
Given Names (in full):																					
Maiden Name (if applicable):																					
Gender: (tick ✓ one box)	Female						Male														
Date of Birth: (yyyy-mm-dd)	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 (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D											

Postal Address:

	NOTE: Enter your home postal address – to be recorded in the register. <u>Do not use the address of the health establishment where you performed Community Service.</u>																			
Postal Code:																				

(2025.01.01)

 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 377 377

 website: www.sanc.co.za

Residential Address (if different):

										<p>NOTE: Enter your home residential address here <u>only</u> if it is different to your postal address.</p> <p><u>Do not</u> use the address of the health establishment where you performed Community Service.</p>
Postal Code:										

Address to which your registration certificate should be posted (if different):

										<p>NOTE: Enter the postal address to which your registration certificate and/or any correspondence in connection with your registration should be sent.</p> <p>The address details entered here will <u>not</u> be recorded in the register.</p>
Postal Code:										

Contact Details:

Telephone Number (home):														
Telephone Number (work):														
Cellular phone Number:														
Fax Number:														
E-mail Address:														

Details of Community Service:

Name of Health Establishment (hospital/Clinic): (where Community Service was completed)														
Name of Town/ City:														
Province:														
Date of commencement of Community Service: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D				
Date of completion of Community Service: (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D				

Signed by Practitioner:

I certify that the information provided in this report is true and correct.

Signature:

Date: (yyyy-mm-dd)

Y	Y	Y	Y	-	M	M	-	D	D
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1. Registration fees of **R1 760-00**^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by **REGFPRA** as reference.

For office use	
Cash	
Direct deposit	

^(*) R1 760.00 equals R880-00 for registration as a Nurse plus R880-00 for registration as Midwife.

The above-mentioned fee applies from **01 January 2025**.

Signed by Head of Public Health Establishment:

I certify that the above-mentioned practitioner has completed the required 12-month period of Community Service at this Public Health Establishment, starting on the commencement date and ending on the completion date indicated above.

Signature:

Print Name:

Date: (yyyy-mm-dd)

Y	Y	Y	Y	-	M	M	-	D	D
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Stamp of Public Health Establishment

Signed by Provincial Coordinator for Community Service:

I certify that the above-named practitioner has completed the 12-month period of Community Service required in terms of the regulations and is now eligible to be registered as Professional Nurse.											
<u>Signature:</u>											
Print Name:											
Date:	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D

(2025.01.01)