

APPLICATION FOR RESTORATION

PERSONAL DETAILS

<i>(If your surname has changed by marriage, a certified copy of your marriage certificate and new ID must be submitted.)</i> Surname Given names in full Maiden name (if applicable) Date of birth (year / month / day) / / Identity number	S A Nursing Council reference number Postal address _____ _____ _____ _____ <i>(Unless otherwise indicated, your address in the SANC register will be changed to the above address)</i>
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RESTORATION

Date on which you wish to be restored	(year/month/day) / /	IMMEDIATELY	PLEASE NOTE: Fill in EITHER the date on which you are going to assume duty OR place a cross in the box marked "IMMEDIATELY". In either case, you will not be restored on a date earlier than the date on which the S A Nursing Council receives your completed application form and the full amount payable. If you mark "IMMEDIATELY" it means with effect from the date on which you meet all the requirements and NOT "while you wait".
Name of employer/ prospective employer (if applicable)			
Address of employer/ prospective employer (if applicable)			

RESTORATION(S) FOR WHICH APPLICATION IS MADE (QUALIFICATIONS)

×	<i>← Mark the applicable block(s) with a cross – for example</i>	
	Registered Nurse (General, Psychiatric and Community)	Registered Nurse for Mental Defectives
	Registered General Nurse	Registered Midwife/Accoucheur
	Registered Psychiatric Nurse	Enrolled Nurse
	Registered Mental Nurse	Enrolled Midwife
		Enrolled Nursing Auxiliary (previously called Enrolled Nursing Assistant)

DECLARATION

Answer these four questions with a definite "YES" or "NO" by making a cross in the appropriate block. If the reply to any of the questions is "YES", an affidavit with 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 Council for assistance.

"Professional misconduct" means:
unprofessional conduct, disgraceful conduct or improper conduct or any similar offence.

1. Have you ever been convicted of an offence by a court of law in any country?	YES	NO
2. Is a charge of an offence pending against you in any country?	YES	NO
3. Have you ever been convicted of professional misconduct by a professional conduct hearing of a Nursing Council or similar controlling body in any country?	YES	NO
4. Is a charge of professional misconduct pending against you in any country?	YES	NO

I certify that the information on this application form is true and correct.

Signature of applicant	Date / /	Total amount paid R ,
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Please turn over – form continues overleaf

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ADDITIONAL CONTACT DETAILS

Home telephone ()		Cell phone (mobile) ()
Work telephone ()		Fax number ()
E-mail address		

STATISTICAL INFORMATION (unless otherwise indicated, mark ONE block in each section with a cross “X”)

Province in which you live	<input type="checkbox"/> Eastern Cape	<input type="checkbox"/> Mpumalanga	
	<input type="checkbox"/> Free State	<input type="checkbox"/> Northern Cape	
	<input type="checkbox"/> Gauteng	<input type="checkbox"/> North West	
	<input type="checkbox"/> KwaZulu Natal	<input type="checkbox"/> Western Cape	
	<input type="checkbox"/> Limpopo		
Employment equity code	<input type="checkbox"/> African	<input type="checkbox"/> Indian/Asian	(Department of Labour codes)
	<input type="checkbox"/> Coloured	<input type="checkbox"/> White	
Nationality	<input type="checkbox"/> South Africa	<input type="checkbox"/> Zaire	
	<input type="checkbox"/> Angola	<input type="checkbox"/> Zambia	
	<input type="checkbox"/> Botswana	<input type="checkbox"/> Zimbabwe	
	<input type="checkbox"/> Lesotho		
	<input type="checkbox"/> Malawi	<input type="checkbox"/> Rest of Africa	
	<input type="checkbox"/> Mauritius	<input type="checkbox"/> Asian Countries	
	<input type="checkbox"/> Mozambique	<input type="checkbox"/> Australia and New Zealand	
	<input type="checkbox"/> Namibia	<input type="checkbox"/> Central and South American Countries	
	<input type="checkbox"/> Seychelles	<input type="checkbox"/> European Countries	
	<input type="checkbox"/> Swaziland	<input type="checkbox"/> North American Countries	
	<input type="checkbox"/> Tanzania	<input type="checkbox"/> Other and rest of Oceania	
Home language <small>(Predominantly used home language if more than one)</small>	<input type="checkbox"/> Afrikaans	<input type="checkbox"/> Sesotho	
	<input type="checkbox"/> English	<input type="checkbox"/> Setswana	
	<input type="checkbox"/> isiNdebele	<input type="checkbox"/> siSwati	
	<input type="checkbox"/> isiXhosa	<input type="checkbox"/> South African Sign Language	
	<input type="checkbox"/> isiZulu	<input type="checkbox"/> Tshivenda	
	<input type="checkbox"/> Sepedi	<input type="checkbox"/> Xitsonga	
	<input type="checkbox"/> Other Please specify:		
Resident status	<input type="checkbox"/> SA Citizen		
	<input type="checkbox"/> SA Permanent Resident		
	<input type="checkbox"/> Dual (SA plus other)	Please specify other:	
	<input type="checkbox"/> Other	Please specify:	
Socioeconomic status	<input type="checkbox"/> Employed		
	<input type="checkbox"/> Unemployed – looking for work		
	<input type="checkbox"/> Not working – not looking for work		
	<input type="checkbox"/> Not working – housewife / homemaker		
	<input type="checkbox"/> Not working – scholar / full time student		
	<input type="checkbox"/> Not working – pensioner / retired person		
	<input type="checkbox"/> Not working – disabled person		
	<input type="checkbox"/> Not working – not wishing to work		
	<input type="checkbox"/> Not working – none of the above		
Disability status <small>(If necessary, please select more than one item under this section)</small>	<input type="checkbox"/> None		
	<input type="checkbox"/> Sight	<small>(experience problems even when wearing glasses / contact lenses)</small>	
	<input type="checkbox"/> Hearing	<small>(experience problems even when wearing hearing aid or with implant)</small>	
	<input type="checkbox"/> Communication	<small>(talking / listening)</small>	
	<input type="checkbox"/> Physical	<small>(moving / standing / grasping)</small>	
	<input type="checkbox"/> Intellectual	<small>(difficulties in learning / retardation)</small>	
	<input type="checkbox"/> Emotional	<small>(behavioural or psychological)</small>	
<input type="checkbox"/> Other	<small>(not mentioned above)</small>		

HOW TO APPLY FOR RESTORATION OF YOUR NAME

Follow these easy steps to apply for the restoration of your name:

1. **Fill in the application form using a blue or black ballpoint pen.**
2. Print all information using block letters.
3. **ALL information is required** (unless otherwise indicated).
4. **Hand sign** and date the form in the space provided.
5. Determine the **TOTAL AMOUNT** payable by referring to the instructions below and write the amount in the space provided on the form. Please read all the instructions in the box below to make sure that you determine the correct fee. Note that with effect from 2015, discounted Restoration Fees apply to practitioners who are 60 years of age or older on 1 January of the year in which they are restored (see details in the box below).

Fees payable together with an application for restoration (fees applicable from 2025-01-01)

Choose the correct fees depending on your **highest category**. Submit the total amount payable together with your application:

	Registered Nurse/Midwife	Enrolled Nurse/Midwife	Enrolled Nursing Auxiliary
Application for restoration in 2025:			
Annual fee (2025)	R 820,00	R 490,00	R 350,00
Restoration fee (2025) ^(*)	R2450,00	R1480,00	R1040,00
TOTAL AMOUNT PAYABLE (2025)	R3270,00	OR R1970,00	OR R1390,00
Application for restoration in 2025 (for practitioners 60 to 64 years of age on 1 January 2025):			
Annual fee 25% discount (2025) ^(*)	R 620,00	R 370,00	R 260,00
Reduced restoration fee (2025) ^(*)	R 170,00	R 170,00	R 170,00
TOTAL AMOUNT PAYABLE (2025)	R 790,00	OR R 540,00	OR R430,00
Application for restoration in 2025 (for practitioners 65 years of age or older on 1 January 2025):			
Annual fee 50% discount (2025) ^(*)	R 410,00	R 240,00	R 170,00
Reduced restoration fee (2025) ^(*)	R 170,00	R 170,00	R 170,00
TOTAL AMOUNT PAYABLE (2025)	R 580,00	OR R 410,00	OR R340,00

Note ^(*): In most cases, the above restoration fees will apply. However, if your name was removed at your own request (i.e. you submitted an application for voluntary removal of your name that was processed before you were removed in another way), the reduced restoration fee is R170.00 for 2025– irrespective of the category. If you believe that you qualify to pay the reduced restoration fee, **please confirm this with the Council** before submitting your payment.

Note ^(*): In order to qualify for age based discounts, the Council must have a copy of your latest bar-coded identity document on file. To ensure you qualify for the discount amounts, submit a certified copy of your identity document together with your submission.

6. Deposit the required fees into the Council's bank account (see banking details below) and complete the application form.
7. Send the completed application form together with the proof of payment and other required documents (i.e. certified copy of your identity document and marriage certificate if your surname has changed by marriage) to this email address: restorations@sanc.co.za.
8. The above fees include 15% VAT and are correct at the time of printing. Fees are however subject to increase. If you are applying for restoration of your name after 30 June 2025, please contact the Council to establish the correct fee amounts. Alternatively, visit the Council website www.sanc.co.za to check the fee amounts.

S A Nursing Council – Contact Details

The Registrar
South African Nursing Council
Private Bag X132
PRETORIA
0001

Tel: 012 420-1000
Fax: 012 343-5400 (24-hour)
Email: customerservice@sanc.co.za
Website: www.sanc.co.za

S A Nursing Council - Bank Account Details

Bank: First National Bank (FNB)
Account name: S A Nursing Council
Account number: 51421186193
Branch number: 253-145

Reference: Use your 8-digit S A Nursing Council reference number followed immediately by the transaction code RESTFEE – which indicates that this payment is in respect of your application for restoration. Please note that there must be no space between your number and RESTFEE For Example: 12345678RESTFEE