



**South African Nursing Council**  
Regulating nursing, advocating for the public

## Notice of Community Service Commencement

*This application form must be accompanied by the Record of Training.  
Failure to submit these records will result in an unprocessed application.*

### Practitioner Details

SANC Reference Number	<b>1</b>																		
Title <i>(tick ✓ one box)</i>	Dr		Mr		Ms		Miss												
Surname																			
Given Names <i>(in full)</i>																			
Maiden Name <i>(if applicable)</i>																			
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D									
South African Identity Number																			

### Confirmation of Commencement of Service

Health Establishment <i>(where Community Service has commenced)</i>																			
Name of Town/City																			
Province																			
Date of Commencement	Y	Y	Y	Y	-	M	M	-	D	D									

### Declaration by Practitioner

<i>I hereby certify that the information provided in this notice is true and correct.</i>																			
Signature																			
Date	Y	Y	Y	Y	-	M	M	-	D	D									

### Declaration by Head of the Health Establishment

<i>I certify that the above-named practitioner has commenced Community Service at the Public Health Establishment on the date indicated above.</i>																			
Print Name																			
Signature																			
Date	Y	Y	Y	Y	-	M	M	-	D	D									

SANC -4-24 (2025.01.01)



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