

Application for registration in the category Community Service

- Instructions:**
1. This form is to be used **only** by applicants who trained at a South African Nursing Education Institution
 2. Please complete all required information using a ballpoint pen and print clearly

Personal Details:

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 <input type="checkbox"/> one box)	Dr	Mr	Ms	Miss												
Surname																
Given Names (in full)																
Maiden Name (if applicable)																
Sex (tick <input type="checkbox"/> 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</u> use the address of your Nursing Education Institution. <u>Do not</u> use the address of the health establishment where you will be performing community service.
Postal Code	

Residential Address (if different):

	NOTE: Enter your home residential address here <u>only</u> if it is different to your postal address. <u>Do not</u> use the address of your nursing education institution. <u>Do not</u> use the address of the health establishment where you will be performing community service.
Postal Code	

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 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

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

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

Contact Details:

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

Qualification Details:

Nursing Education Institution Number															
Name of Nursing Education Institution															
Name of Course Completed															
Completion Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					
Name of Qualification															
Date of Qualification issued/ to be issued (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

Details of Community Service:

Name of Health Establishment (Hospital or Clinic) (where Community Service will be performed)															
Name of Town / City															
Province															
Date of commencement of Community Service (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

Signed by Applicant:

I certify that the information provided in this application is true and correct															
Signature															
Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

Declaration by Head of Nursing Education Institution:

I declare that: – I have checked the application for both content and completeness; – The applicant has completed and met all the requirements of the course; – The applicant has been/ will be issued the above qualification by the above named institution on the date indicated; and – I may be held personally responsible for any errors or omissions in connection with this application.															
Signature															
Print Name															
S. A. Nursing Council Reference Number															
Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D					

Stamp of Nursing Education Institution

Please note that when this form is submitted to the Nursing Council it must be accompanied by the following items:

- | |
|--|
| 1. <u>Certified</u> copy of applicant's identity document or passport |
| 3. Registration fee of R880-00 ^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by REGFPRA as reference. |

^(*) The above-mentioned fee applies from **01 January 2025**

FOR OFFICE USE ONLY			
Check		Card	
		Cash	
		Direct deposit	