

**NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING
HIGHER CERTIFICATE: AUXILIARY NURSE
(Government Notice No.169 of 8 March 2013)**

- This information must be provided by the Head of the Nursing Education Institution
- Please print clearly in block letters
- Incomplete and/or incorrect forms will not be processed

1. Nursing Education Institution details	
Name of Institution <i>(as approved by SANC)</i>	
SANC Reference Number	S <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Accreditation Certificate Number	
Physical Address	Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal Address <i>(if different from above)</i>	Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact Number	Landline Mobile
Email Address	
Website	
SAQA Code of the Accredited Programme	

2. Person in Charge of the Nursing Education and Training	
Full Names and Surname	
SANC Reference Number	1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Professional Qualifications <i>(e.g. Additional Qualification in Nursing Education)</i>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

3. Learner Personal Details												
SANC Reference Number	1											
Surname												
Given Names												
RSA Identity Document Number												
OR alternatively, for those applicants who do not have a South African Identity Number												
RSA Permanent Residence ID Number / Refugee ID Number												
Passport Number												
· Country of Issue												
· Date of Issue	Y	Y	Y	Y	-	M	M	-	D	D		
· Date of Expiry	Y	Y	Y	Y	-	M	M	-	D	D		
<i>Passport holders: This application must be accompanied by a valid study visa for the duration of studies in line with RSA law</i>												

3.1 Learner Study Details												
Date of Commencement of training	Y	Y	Y	Y	-	M	M	-	D	D		
Date of Termination (if applicable)	Y	Y	Y	Y	-	M	M	-	D	D		
Date of Resumption (if applicable)	Y	Y	Y	Y	-	M	M	-	D	D		
Date of Completion of training	Y	Y	Y	Y	-	M	M	-	D	D		

4. Record of education and training:				
4.1 Theory				
Exit Level Outcomes (ELOS)	Modules as per Accredited Programme	Prescribed Credits as per Accredited Programme	Credits Achieved by learner	For Office use
4.1.1 Apply basic knowledge of anatomy, physiology, biophysics, pharmacology and microbiology in the provision of nursing care.				
4.1.2 Communicate effectively in a variety of ways in a nursing context.				
4.1.3 Use the scientific nursing approach to address the basic needs of individuals and groups in various healthcare settings.				
4.1.4 Demonstrate appropriate methods of interacting sensitively and professionally with people from diverse backgrounds.				
4.1.5 Maintain professionalism in nursing practice within the ethical and legal framework.				
4.1.6 Participate in addressing the needs of the individuals and groups in a community.				
Fundamental credits	16 credits			
Core credits	32 credits			
Grand Total = Fundamental + Core credits	48 credits			

5. Summative Assessment Outcomes:			
5.1 Theory			
Module	Assessment Outcomes	Pass/Fail	For Office use
5.2 Work Integrated Learning (WIL)			
Module	Assessment Outcomes	Pass/Fail	For Office use

KEY / LEGEND: Module Codes (where applicable)		
Module Code	Module name / description	For Office use

6. Record of leave taken																					
Type of Leave (e.g. annual, sick)	Start date										End date										No. of days
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	
	Y	Y	Y	Y	-	M	M	-	D	D	Y	Y	Y	Y	-	M	M	-	D	D	

7. Declaration that the learner has met the education and training requirements for Registration in the Category Auxiliary Nurse in terms of Government Notice No. 169 of 2013										
Learner Names and Surname in full										
SANC Reference Number	1									
Name of Nursing Education Institution										
Date of Commencement	Y	Y	Y	Y	-	M	M	-	D	D
Date of Completion	Y	Y	Y	Y	-	M	M	-	D	D
7.1 Declaration by The Subject Head / Programme Co-Ordinator										
I hereby declare that the afore-mentioned learner has complied with all the prescribed education and training requirements for registration in the category Auxiliary nurse in terms of Government Notice No. R169 of 2013.										
I further declare that:										
<ul style="list-style-type: none"> • The information provided is accurate and based on the authentic education and training records of the said learner. • All the education and training of the learner was accurately recorded for the duration of the programme. • The Nursing Education Institution has in its possession all the original education and training records, including, but not limited to, assessment and clinical records. • There is no evidence that such education and training records were tampered with or are in anyway fraudulent. • If any tampering of the records or fraudulent records are detected after this declaration is made, I undertake to immediately notify the South Africa Nursing Council thereof in writing. 										
I fully understand that any entry into the register made in error or through misrepresentation will be deleted/removed from the register.										
SANC Reference Number	1									
Full names and Surname										
Designation										
Signature										
Date	Y	Y	Y	Y	-	M	M	-	D	D
7.2 Declaration by The Person in Charge of the Nursing Education Institution										
<ul style="list-style-type: none"> · I declare that the information provided is accurate and based on the authentic education and training records of the said learner. I fully understand the meaning and implications of this declaration. · I fully understand that any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of section 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005). 										
SANC Reference Number	1									
Full names and Surname										
Designation										
Signature										
Date	Y	Y	Y	Y	-	M	M	-	D	D

Affix Stamp of the Nursing Education Institution here

SANC-4.10 (2025)



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