



South African Nursing Council
Regulating nursing, advocating for the public

POPIA CLIENT CONSENT FORM

IMPORTANT: This form needs to be completed and signed by hand by all parties.

SERVICE/S REQUIRED (please tick correct box)

Enquiries		Payments	
Confirmation of annual fees payment		Registration Status	

CLIENT PERSON INFORMATION (to be completed by the client)

SANC Reference Number																		
Surname																		
Full Names																		
Maiden Name																		
SA Identity Number																		
<i>OR alternatively, for those who do not have a South African Identity Number</i>																		
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D								
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								
Copy of ID attached	Y	N																
Contact number +	() _ _ _ _ _ _ _ _ _ _																	

THIRD-PARTY DETAILS (to be completed by person doing enquiries or business on behalf of the client above)

Full names and Surname																	
SA Identity Number																	
Contact number +	() _ _ _ _ _ _ _ _ _ _																
Email address																	
Copy of ID attached	Y	N															



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

Chairperson: Dr MC Molepo, Vice-Chairperson: Prof DR Phetlhu, Registrar and CEO: Prof NG Mtshali

CONSENT BY CLIENT FOR THIRD PARTY ACCESS

Client Full names and Surname											
Signature											
Date	Y	Y	Y	Y	-	M	M	-	D	D	
Third Party Full names and Surname											
Signature											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

All signatories to this document agree that SANC will NOT be held liable for the content, factual correctness nor accuracy of any information supplied to SANC.

DEFINITIONS IN TERMS OF CONSENT

- “Client” means the Nurse practitioner completing this document and who provides consent for service to be rendered by the SANC.
- “Personal Information” shall have the meaning ascribed to it in Chapter 1 of POPI and includes, but is not limited to a name, address, email address, telephone or fax number, and education or other personal credentials provided, or which is collected from the candidate or other third parties, before and /or during the background screening process and/ or thereafter.
- “POPI” shall mean the Protection of Personal Information Act, 2013 (ACT No.4 of 2013), as amended from time to time, including any regulations made under the Act.
- “Privacy and Data Protection Conditions” refers to the 8(eight) statutory prescribed conditions for the lawful Processing of Personal Information.

CONSENT FOR THE USE OF INFORMATION

- By signing this form, I (the client) hereby authorise that the person duly authorised by me in this application, may be provided with my information held by SANC and be rendered the requested service on my behalf.
- I understand that consent forms part of the verification process.
- I warrant that all information, including Personal Information, supplied on this form is accurate and current.
- I agree that the SANC, to the extent permitted by Law, will not be liable for any complaint, claim or action by me, arising from any action or omission by the South African Nursing Council.

BACKGROUND SCREENING CHECKS (to be completed by the Client Service Agent by ticking (x) boxes below)

SANC Number Check		Identity Verification	
Name and Surname check		Qualification check	
Client Service Agent Full Names and Surname			
Client Service Agent Signature			

SANC-15 (2025-03-01)



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