

Application for Registration of an Additional Qualification

Personal Details

SA Nursing Council Reference Number	1												
Title <i>(tick ☑ one box)</i>	Dr		Mr		Ms		Prof						
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													
OR alternatively, for those applicants who do not have a South African Identity Number:													
- Passport Number													
- Passport Country of Issue													
- Passport Issue Date	Y	Y	Y	Y	-	M	M	-	D	D			
- Passport Expiry Date	Y	Y	Y	Y	-	M	M	-	D	D			

Contact Details

Postal Address <i>(address for all correspondence)</i>															
											Postal Code				
Contact number	+	()									
E-mail address															

Qualification Details

Name of Training Institution													
Qualification <i>(as stated on Certificate/Diploma)</i>													
Date of Commencement of course	Y	Y	Y	Y	-	M	M	-	D	D			
Date of Completion of course	Y	Y	Y	Y	-	M	M	-	D	D			



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

Application for Registration of an Additional Qualification (cont...)

Payment Details

Name of Bank	FIRST NATIONAL BANK
Account Number	514 2118 6193
Branch Code	25 15 45
Payment Reference	SANC Reference Number followed by ADDQUAL (eg. 12345678ADDQUAL)
Amount Payable	R510.00
Email proof of payment to	additionalqualifications@sanc.co.za

Applicant Signature

Signature of Applicant											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

SANC-6 (2025)