

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 Institu | <u>ıtion det</u> | tails | | | | | | | |
|---|------------------|-----------|--------|----------|--|-------|----------|---|--|
| Name of Institution | | | | | | | | | |
| (as approved by SANC) | | | _ | | | | | | |
| SANC Reference Number | S | | | | | | | | |
| Accreditation Certificate Number | | | | | | | | | |
| Physical Address | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | Posta | l Code | | |
| Postal Address | | | | | | | | | |
| (if different from above) | | | | | | | | | |
| | | | | | | Posta | l Code | T | |
| Contact number | Landlir | ne | | | | | , | | |
| | Mobile | e: | | | | | | | |
| Email address | | | | | | | | | |
| Website | | | | | | | | | |
| SAQA Code of the Accredited | | | | | | | | | |
| Programme | | | | | | | | | |
| 2. Person in Charge of the N | Nursing F | Education | on and | Training | | | | | |
| Full names and Surname | | | | | | | | | |
| SANC Reference Number | 1 | | | | | | | | |
| Professional Qualifications | | | | | | | | | |
| (e.g. Additional Qualification in Nursing Education) | | | | | | | | | |
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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

| 3. Learner Personal Details | | | | | | | | | | |
|--|----------|-----------|----------|------------|-------------|---------|------------|------------|---------|-------|
| SANC Reference Number | 1 | | | | | | | | | |
| Surname | | | | | | | | | | |
| Given names in full | | | | | | | | | | |
| 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 | Υ | Υ | Υ | Υ | - | M | M | - | D | D |
| · Date of Expiry | Υ | Υ | Υ | Υ | - | M | M | - | D | D |
| Passport holders: This application mu | st be ac | companied | by a val | id study v | isa for the | duratio | n of studi | es in line | with RS | A law |
| | | | | | | | | | | 1 |
| 3.1 Learner Study Details | | | | | | | | | | |
| Date of Commencement of training | Υ | Υ | Υ | Υ | - | M | $ \vee $ | - | D | D |
| Date of Termination (if applicable) | Υ | Υ | Υ | Υ | - | M | M | - | D | D |
| Date of Resumption (if applicable) | Υ | Υ | Υ | Υ | - | M | M | - | D | D |
| Date of Completion of training | Υ | Υ | Υ | Υ | - | M | M | - | D | D |
| 4. Record of education and train | ing: | | | | | | | | | |

| 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 | | | | |

| 4.2 Work integrated learning | 1 | 1 | | |
|--|----------------|--------------------|------------------------|------------|
| WIL in line with the Scope of Practice | WIL Modules as | Prescribed Credits | Credits | For Office |
| R 2127 of 3 June 2022 | per Accredited | as per Accredited | Achieved by learner | use |
| Exit Level Outcomes (ELOS) | Programme | Programme | learner | |
| 4.2.1 Apply basic knowledge of anatomy, physiology, | | | | |
| biophysics, pharmacology and microbiology in the | | | | |
| provision of nursing care. | | | | |
| 4.2.2 Communicate effectively in a variety of ways in a | | | | |
| nursing context. | | | | |
| 4.2.3 Use the scientific nursing approach to address the | | | | |
| basic needs of individuals and groups in various | | | | |
| healthcare settings. | | | | |
| 4.2.4 Demonstrate appropriate methods of interacting | | | | |
| sensitively and professionally with people from | | | | |
| diverse backgrounds. | | | | |
| 4.2.5 Maintain professionalism in nursing practice within | | | | |
| the ethical and legal framework. | | | | |
| 4.2.6 Participate in addressing the needs of the individuals | | | | |
| and groups in a community. | | | | |
| | | Total | Total | |
| Illustrate the distribution of the total WIL credits below | • | • | 1 | |
| CPL -43.2/432 | 43.2 | | | |
| SIM -14.4/144 | 14.4 | | | |
| LRT -14.4/144 | 14.4 | | | |
| Total | 72 credits | | | |
| One (1) credit is equal to Ten (10) notional hours | 1 | <u>I</u> | 1 | |

| KEY / LEG | END | % Distribution | Credits |
|-----------|---|----------------|---------|
| CPL | Clinical Placement for learning(supervised) | 60% | 43.2 |
| SIM | Simulation | 20% (max.) | 14.4 |
| LRT | Learning for Role Taking | 20% (max.) | 14.4 |

| Name of Facility | Discipline e.g. surgical /medical | Discipline e.g. surgical /medical Credits achieved by learner | | | | | | |
|----------------------------|--|---|-------|--|--|--|--|--|
| | | Day | Night | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Total | | | | | | |
| Other experiential learnin | g sites used for WIL placement of learners | | | | | | | |
| | , | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Total | | | | | | |

| 5.1 Theory | | | | |
|-------------------------|--------------------------|----------------|----------------|----------------|
| Module | Assessn | nent Outcome % | For Office use | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 5.2 Work Integrated Lea | rning (WIL) | | | I |
| Module | Assessr | nent Outcome % | Pass/Fail | For Office use |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| KEY / LEGEND: Module (| Codes (where applicable) | | | |
| Module Code | Core-C | Module name | For Office use | |

| Core-C | Module name / description | For Office use |
|----------------|---------------------------|----------------|
| Fundamental -F | module name / description | To office use |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Core-C Fundamental -F | |

| 6. Record of leave taken | | | | | | | | | | | | | | | | | • | • | | | | |
|-----------------------------------|------------|---|---|---|---|---|---|---|---|---|----------|---|---|---|---|---|---|--------------|---|---|---|--|
| Type of Leave (e.g. annual, sick) | Start date | | | | | | | | | E | End date | | | | | | | No. of days | | | | |
| | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | Υ | Υ | Υ | Υ | - | M | \mathbb{N} | - | D | D | |
| | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | Υ | Υ | Υ | Υ | - | M | M | - | D | D | |
| | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | Υ | Υ | Υ | Υ | - | M | M | - | D | D | |
| | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | Υ | Υ | Υ | Υ | - | M | M | - | D | D | |
| | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | Υ | Υ | Υ | Υ | - | M | M | - | D | D | |
| | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | Υ | Υ | Υ | Υ | - | M | M | - | D | D | |
| | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | Υ | Υ | Υ | Υ | - | M | M | - | D | D | |
| | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | Υ | Υ | Υ | Υ | - | M | M | - | D | D | |
| | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | Υ | Υ | Υ | Υ | - | M | M | - | D | D | |
| | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | Υ | Υ | Υ | Υ | - | M | M | - | D | D | |
| | Υ | Υ | Υ | Υ | - | M | M | - | D | D | | Υ | Υ | Υ | Υ | - | M | M | - | D | D | |

| 7. Declaration that the learner has Category Auxiliary Nurse in tern | | | | _ | - | | s for Reg | istratio | on in the | |
|---|--|---|--|--|----------------------------------|--|--|---|--|-------------------------|
| Learner names and surname (in full) | | | | | | | | | | |
| SANC Reference Number | 1 | | | | | | | | | |
| Name of Nursing Education Institution | | | | | | | | | | |
| Date of commencement | Υ | Υ | Υ | Υ | - | M | M | - | D | D |
| Date of completion | Υ | Υ | Υ | Υ | - | M | M | - | D | D |
| 7.1 Declaration by The Subject Head | d / Progr | amme C | o-Ordir | ator | | | | | | |
| for registration in the category Auxiliary I further declare that: The information provided is accurat All the education and training of the The Nursing Education Institution h limited to, assessment and clinical r There is no evidence that such educe If any tampering of the records or fra notify the South Africa Nursing Cour I fully understand that any entry into the the register. SANC Reference Number Full names and Surname Designation Signature | e and base learner was in its leacords. ation and audulent records thereone in the records are leaded. | sed on the was accur possessic I training records a of in writ | e authen rately rec on all the records re detect ing. | tic educa corded fo coriginal were tam ted after t | tion a r the educ perec | and trainin duration of ation and d with or a eclaration | ng records of the prop training r are in anyv is made, I | of the gramm ecords way fra under | e. , including udulent. take to imi | g, but not mediately |
| Signature | | | | | | | | | | |
| Date | Υ | Υ | Υ | Υ | - | M | M | - | D | D |
| 7.2 Declaration by The Person in Ch | _ | | _ | | | | | | | |
| I declare that the information provides | | | | | | ic education | on and tra | ining r | ecords of | the said |
| learner. I fully understand the mean I fully understand that any person the | - | - | | | | conts that | facts or in | format | ion givon i | n thic |
| declaration may be charged with an | | | | | • | | | | • | |
| SANC Reference Number | 1 | | | | | | 15 / 101) 201 | 00 (7.00 | 110.33 0. | 2003). |
| Full names and Surname | | | | | | | | | | |
| Designation | | | | | | | | | | |
| Signature | | | | | | | | | | |

Affix Stamp of the Nursing Education Institution here

Date

SANC-4.11 (2026)



Cecilia Makiwane Building, 602 Pretorius Street, Arcadia, Pretoria 0083 Private Bag X132, Pretoria 0001, Republic of South Africa



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