NOTIFICATION OF COMPLETION OF EDUCATION AND TRAINING OF A LEARNER LEADING TO REGISTRATION IN THE CATEGORY GENERAL NURSE
(Government Notice No.171 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 *(as approved by SANC)*										
SANC Reference Number	**S**									
Accreditation Certificate Number										
Physical Address										
		Postal Code								
Postal Address *(if different from above)*										
		Postal Code								
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**									
Professional Qualifications *(e.g. Additional Qualification in Nursing Education)*										

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/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

Passport holders: This application must be accompanied by a valid study visa for the duration of studies in line with RSA law.

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 knowledge of natural and biological sciences in the practice of nursing.				
4.1.2 Apply knowledge of psycho-social sciences in the practice of nursing.				
4.1.3 Apply knowledge of pharmacology in nursing practice.				
4.1.4 Provide nursing care throughout the lifespan in various healthcare settings.				
4.1.5 Render nursing care within a legal and ethical framework.				
4.1.6 Use and maintain healthcare information systems for nursing practice.				
4.1.7 Manage a healthcare unit by implementing the management process				
4.1.8 Provide reproductive health care to promote and maintain optimum health of individuals and families.				
Fundamental credits	**32 credits**			
Core credits	**131 credits**			
Grand total = Fundamental+ Core credits	**163 credits**			

4.2 Work integrated learning:				
WIL in line with the Scope of Practice R 2127 of 3 June 2022 **Exit Level Outcomes (ELOS)**	**WIL Modules as per Accredited Programme**	**Prescribed Credits as per Accredited Programme**	**Credits Achieved by learner**	**For Office use**
4.2.1 Apply knowledge of natural and biological sciences in the practice of nursing.				
4.2.2 Apply knowledge of psycho-social sciences in the practice of nursing.				
4.2.3 Apply knowledge of pharmacology in nursing practice.				
4.2.4 Provide nursing care throughout the lifespan in various healthcare settings.				
4.2.5 Render nursing care within a legal and ethical framework.				
4.2.6 Use and maintain healthcare information systems for nursing practice				
4.2.7 Manage a healthcare unit by implementing the management process				
4.2.8 Provide reproductive health care to promote and maintain optimum health of individuals and families				
CPL -118.2/1182	**118.2**			
SIM -39.4/394	**39.4**			
LRT -39.4/394	**39.4**			
Total	**197 credits**			
One (1) credit is equal to Ten (10) notional hours				

4.3 Work integrated learning: Distribution across each year/level			
WIL Distribution	**Prescribed Credits**	**Credits achieved by learner**	**For Office Use**
First year / level 1			
CPL			
SIM			
LRT			
Total			
Second year / level 2			
CPL			
SIM			
LRT			
Total			
Third year / level 3			
CPL			
SIM			
LRT			
Total			
Grand Total			

KEY / LEGEND: WIL Distribution		% Distribution	Credits
CPL	Clinical Placement for learning(supervised)	60%	118.2
SIM	Simulation	20% (max.)	39.4
LRT	Learning for Role Taking	20% (max.)	39.4

4.4 SANC approved clinical facilities used for WIL placement of learners

Name of the Facility	Name of Unit	Discipline	Credits achieved by learner		For Office use
E.g. Helen Joseph Hospital	Ward 18	Surgical	Day	Night	
			Total		
Other experiential learning sites used for WIL placement of learners					
			Total		

5. Summative Assessment Outcomes:

5.1 Theory

Module code	Assessment Outcomes %	Pass / Fail	For Office Use
First year / level 1			
Second year / level 2			
Third year / level 3			

5.2 Work Integrated Learning (WIL)			
Module code	**Assessment Outcomes**	**Pass/Fail**	**For Office use**
First year / level 1			
Second year / level 2			
Third year / level 3			

KEY / LEGEND: Module Codes *(where applicable)*			
Module Code/Abbreviations	**Core-C Fundamental -F**	**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	

7. Declaration that the learner has met the education and training requirements in terms of Government Notice No. 171 of 8 March 2013										
Learner names and surname (*in full*)										
SANC Reference Number	**1**									
Name of Nursing Education Institution										
Date of Commencement of training	Y	Y	Y	Y	-	M	M	-	D	D
Date of Completion of training	Y	Y	Y	Y	-	M	M	-	D	D

7.1 Declaration by The Subject Head / Programme Coordinator

I hereby declare that the afore-mentioned learner has complied with all the prescribed education and training requirements for registration in the category General Nurse in terms of Government Notice No. R. 171 of 8 March 2013

I further declare that:

- 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

· 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 14-13 (2026)