South African Nursing Council
Regulating nursing, advocating for the public

APPLICATION FOR REGISTRATION IN THE CATEGORY AUXILIARY NURSE R.169

· *This application must be accompanied by a **certified copy of Identity** and **proof of payment***.
· *Failure to comply with the above will result in an unprocessed application*

NAME OF NURSING EDUCATION INSTITUTION *(as approved by SANC)*										
APPLICANT PERSONAL DETAILS										
SANC Reference Number	**1**									
Title										
Surname										
Given names (*in full)*										
Maiden name *(if applicable)*										
Gender (tick one)	Female					Male				
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 No.										
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										
CONTACT DETAILS										
Postal address										
	Postal code									
Phone number (Cell. Phone)										
Alternative phone number										
Email address										
APPLICANTS SIGNATURE										
Date										
BANKING DETAILS										
Name of Bank	FIRST NATIONAL BANK									
Account number	514 2118 6193					Branch	251 445			
Amount payable	**R930.00** (*fee applicable for 2026)*									
Reference	SANC Number **REGFPRA**									