

Community Service

Application for registration

This application form must be accompanied by the Record of Training.

Failure to submit these records will result in an unprocessed application.

Practitioner Details

SANC Reference Number	1										
Title (tick ✓ one box)	Dr		Mr		Ms		Prof				
Surname											
Given Names (in full)											
Maiden Name (if applicable)											
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D	
South African Identity Number											

Confirmation of Commencement of Service

Health Establishment (where Community Service has commenced)											
Name of Town/City											
Province											
Date of Commencement	Y	Y	Y	Y	-	M	M	-	D	D	

Declaration by Applicant

<i>I hereby certify that the information provided in this notice is true and correct.</i>											
Signature											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

Declaration by Head of the Health Establishment

<i>I certify that the above-named practitioner has commenced Community Service at the Public Health Establishment on the date indicated above.</i>											Stamp of Nursing Education Institution		
Signature													
Full Names													
SA Nursing Council Reference Number				1									
Date				Y	Y	Y	Y	-	M	M			-

SANC-8-2 (2026)
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