

Community Service Application for registration (Applicants who obtained their qualification at an Institution in South Africa)

Please complete all required information clearly using block letters.

This form is used **only** by applicants who trained at a South African Nursing Education Institution.

Personal Details of Practitioner

S. A. Nursing Council Reference Number	1								NOTE: Please submit certified proof substantiating any changes you have made to any of the details appearing in your identity document since registering as a student.			
Title <small>(tick <input type="checkbox"/> one box)</small>	Dr	Mr	Ms	Prof								
Surname												
Given Names <small>(in full)</small>												
Maiden Name <small>(if applicable)</small>												
Gender <small>(tick <input type="checkbox"/> one box)</small>	Female				Male							
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D		
South African Identity Number												

Postal Address

	NOTE: Enter your home postal address – to be recorded in the register. DO NOT use the address of your nursing education institution. DO NOT use the address of the health establishment where you will be performing community service.
Postal Code	

Residential Address (if different from above)

	NOTE: Enter your home residential address here <u>only</u> if it is different to your postal address. DO NOT use the address of your nursing education institution. DO NOT use the address of the health establishment where you will be performing community service.
Postal Code	

Address to which your registration certificate should be posted (if different from postal address)

	NOTE: Enter the postal address to which your registration certificate and/or any correspondence in connection with this application should be sent. The address details entered here will <u>not</u> be recorded in the register.
Postal Code	

Contact Details

Cellphone Number															
Additional Contact Number (work)															
Contact Number (work)															
E-mail Address															

Education Details

Nursing Education Institution Number	S										
Name of Nursing Education Institution											
Name of Nursing Programme Completed											
Name of Academic Qualification Awarded											
Date Course Completed	Y	Y	Y	Y	-	M	M	-	D	D	
Date Qualification to be Issued	Y	Y	Y	Y	-	M	M	-	D	D	

Details of Community Service

Name of Health Establishment (Hospital/Clinic) (where Community Service will be performed)											
Name of Town/City											
Province											
Date of Commencement of Community Service	Y	Y	Y	Y	-	M	M	-	D	D	

Declaration by Applicant

I certify that the information provided in this report is true and correct.											
Signature											
Date	Y	Y	Y	Y	-	M	M	-	D	D	

Declaration by Head of Nursing Education Institution:

<p>I declare that:</p> <p>I have checked the application for both content and completeness;</p> <p>The applicant has completed and met all the requirements of the course;</p> <p>The applicant has been/will be issued the above qualification by the above named institution on the date indicated; and</p> <p>I may be held personally responsible for any errors or omissions in connection with this application</p>											Stamp of Nursing Education Institution	
Signature												
Full Names												
S. A. Nursing Council Reference Number												
Date												
	Y	Y	Y	Y	-	M	M	-	D	D		

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 REGFPRA (eg. 12345678REGFPRA)										
Amount/s Payable (from 1 January 2026)	R930-00 (including VAT)										

Please note:

When this form is submitted to the Nursing Council it must be accompanied by the following:

1. **Certified** copy of applicant's identity document or passport
2. Official transcript of training for the abovementioned course
3. Registration fee of R930 (including VAT) as well as Proof of Payment

For office use

Proof of payment

Transcript

Cash

Direct Deposit

SANC-8-4 (2026)



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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

Chairperson: Dr MC Molepo, Vice-Chairperson: Prof DR Phetlhu, Registrar and CEO: Prof NG Mtshali