

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

**Instructions:**

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								<b><u>NOTE:</u></b> 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 <span style="font-size: small;">(tick <input type="checkbox"/> one box)</span>	Dr	Mr		Ms		Prof						
Surname												
Given Names <span style="font-size: small;">(in full)</span>												
Maiden Name <span style="font-size: small;">(if applicable)</span>												
Gender <span style="font-size: small;">(tick <input type="checkbox"/> one box)</span>	Female			Male								
Date of Birth	Y	Y	Y	Y	-	M	M	-	D	D		
South African Identity Number												

**Postal Address**

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

**Residential Address (if different from above)**

	<b><u>NOTE:</u></b> Enter your home residential address here <b><u>only</u></b> if it is different to your postal address. <b><u>DO NOT</u></b> use the address of your nursing education institution. <b><u>DO NOT</u></b> 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)

					<b>NOTE:</b> 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	<b>S</b>													
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 Practitioner**

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

SANC-8-4 (2025)



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](http://www.sanc.co.za)

## Declaration by Head of Nursing Education Institution:

I declare that: – I have checked the application for both content and completeness; – the applicant has completed and met all the requirements of the course; – the applicant has been / will be issued the above qualification by the above named institution on the date indicated; and – I may be held personally responsible for any errors or omissions in connection with this application										Stamp of Nursing Education Institution											
Signature																					
Full Names																					
S. A. Nursing Council Reference Number					1																
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)	<b>R360-00</b> (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	

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