

Community Service

Application for registration in the category (Applicants who obtained their qualification outside South Africa)

Please complete all required information clearly using block letters.

This form must **only** be submitted to the Nursing Council if and when you are requested to do so by SANC – this will be determined after the Council has evaluated your qualification.

Personal Details of Practitioner

S. A. Nursing Council Reference Number	1									NOTE: The details entered here must correspond exactly with the details shown in your South African Identity Document or your passport.				
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														
OR alternatively, for those applicants who do not have a South African Identity Number:														
Passport Number														
Passport Country of Issue														
Passport Issue Date	Y	Y	Y	Y	-	M	M	-	D	D				
Passport Expiry Date	Y	Y	Y	Y	-	M	M	-	D	D				

Postal Address

	NOTE: Enter your home postal address – to be recorded in the register. 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 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														

Qualification Details

Country Where Qualification Issued														
Name of Nursing Education Institution														
Name of Qualification														
Date Qualification Issued	Y	Y	Y	Y	-	M	M	-	D	D				
Name of Regulatory Body in Country Where Issued														
Details of Legislation (under which qualification was issued – if applicable)														

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				

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 Payable (from 1 January 2025)	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-8-5 (2026)



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