



Community Service

Completion Report

Instructions:

1. Please complete all required information clearly using block letters.
2. All information (plus proof of payment) must be supplied – this will ensure that details which may have changed during the period of Community Service are correctly updated in the register.

Personal Details of Applicant

[illegible]

Postal Address

					<p><u>NOTE:</u> Enter your home postal address – to be recorded in the register.</p> <p><u>Do not</u> use the address of the health establishment where you performed Community Service.</p>
Postal Code:					

Residential Address *(if different from postal address)*

					<p><u>NOTE:</u> Enter your home residential address here <u>only</u> if it is different to your postal address.</p> <p><u>Do not</u> use the address of the health establishment where you performed Community Service.</p>
Postal Code					



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

Address to which your registration certificate should be posted

(if different from above addresses)

					NOTE: Enter the postal address to which your registration certificate and/or any correspondence in connection with your registration 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													
Telephone Number (work)													
E-mail Address													

Details of Community Service

Name of Health Establishment (Hospital/Clinic) (where Community Service was completed)													
Name of Town/City													
Province													
Date of Commencement of Community Service	Y	Y	Y	Y	-	M	M	-	D	D			
Date of Completion 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			

SANC-8-9 (2026)



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

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 2026)	R1 860-00 (including VAT) R1 860 equals R930-00 for registration as a Nurse plus R930-00 for registration as Midwife	For office use Cash Direct deposit Proof of Payment

Declaration by Head of Public Health Establishment

<i>I certify that the above-mentioned practitioner has completed the required 12-month period of Community Service at this Public Health Establishment, starting on the commencement date and ending on the completion date indicated above.</i>											Stamp of Nursing Education Institution		
Signature													
Full Names													
SANC Council Reference Number				1									
Date	Y	Y	Y	Y	–	M	M	–	D	D			

Declaration by Provincial Co-ordinator for Community Service

<i>I certify that the above-mentioned practitioner has completed the required 12-month period of Community Service as per R. 765 of 24 August 2007, at this Public Health Establishment, starting on the commencement date and ending on the completion date indicated above.</i>											Stamp of Provincial Co-ordinator	
Signature												
Full Names												
SANC Council Reference Number				1								
Date	Y	Y	Y	Y	–	M	M	–	D	D		

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