

**The South African  
Nursing Council**

(Established under the Nursing Act, 1978)



**Die Suid Afrikaanse Raad  
op Verpleging**

(Ingestel ingevolge die Wet op Verpleging, 1978)

**APPLICATION FORM: EXAMINER – YEAR-----**

**NB**

- This form must be filled in full
- Please print
- Forms with incomplete information/without requested attachments will be rendered invalid
- Please complete the attached affidavit form

**Part 1: Personal Details**

Surname: -----

Names in full: -----

Identity Number: -----

SANC Reference Number: -----

Physical Address: -----Code -----

Postal Address: -----Code -----

Telephone Numbers: Home-----Work-----

Cellular Number: -----

Fax Number: -----

E-mail address: -----

**Part 2: Professional Nursing Details**

Professional Qualifications (Not degree(s) ): -----  
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Current Registration with SANC (*Attach proof*): -----

Name of Nursing Education Institution:-----

Name of Principal/Head of Nursing Education:-----

Current teaching functions - specify programme(s):-----  
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Duration of teaching experience (Specify number of years): -----

Programme applied for:-----

*Indicate paper to be set with a tick (√):*      Paper 1( )      Paper 2 ( )      Paper 3 ( )

Duration of teaching the specific programme applied for:-----

**Part 3: Other Details and Declaration(s)**

South African Revenue Service Number:-----

Bank Details:-----  
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Declarations:

I herewith declare that the information provided herein is correct

Applicant's signature:-----Date:-----

I herewith declare that the above named is employed at this institution and teaching the above mentioned programme(s)/course(s)

Name of Principal in full:-----

Signature:----- Date:-----