

**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/ACCEPTANCE FORM:  
INVIGILATOR: 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 (if applicable) -----

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

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

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

Cellular Number: -----

Fax Number: -----

E-mail address: -----

Employment status: Employed, Retired (Delete which is not applicable)

Occupation: -----

Name and Address of Employer: -----

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**Part 2: Provider Details**

Name of the Examination Centre-----

Name of the school (if different from the centre): -----

Distance between the school and applicant's residence (in kilometers) -----

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

South African Revenue Service Number: -----

**Part 4: Banking Details**

Name of Bank: -----

Branch: -----

Account Number: -----

Type of Account: -----

**Declarations:**

I, ----- herewith declare that the information provided herein is correct and that I accept the appointment as an invigilator for the South African Nursing Council Examinations to be held during year -----

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

I, ----- herewith declare that to the best of my knowledge, information provided is correct.

Name of Principal in full: -----

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