



South African Nursing Council
(Under the provisions of the Nursing Act, 2005)

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0001

RE-ASSESSMENT APPLICATION FORM

CANDIDATE'S PERSONAL DETAILS

SURNAME : _____

FIRST NAMES IN FULL : _____

EXAMINATION NUMBER: _____

COUNCIL REF NUMBER : _____

POSTAL ADDRESS : _____

TEL/CELL: _____

EMAIL ADDRESS: _____

Dear Sir/Madam

I hereby apply for reassessment of my examination answer book(s) for the following examination:

Held in _____
(month and year only)

I certify that the above stated information is true and correct.

DATE: _____

(CANDIDATE'S SIGNATURE)

INSTRUCTIONS

1. The fee of R750.00 per paper must accompany this form (NON-REFUNDABLE).
2. This form and the fee must reach the Council on or before the closing date as stipulated on the examination results covering letter sent to the Nursing Education Institution.
3. Candidate to apply for reassessment of theory only.
4. The marks allocated to a candidate upon re-assessment, shall be final and binding.
5. Banking details: FNB 51425166282 CURRENT ACC. BRANCH CODE: 253145. REF: COUNCIL REFERENCE NUMBER FOLLOWED BY REMAFEE.
6. Please E-mail the fully completed form to: exams@sanc.co.za OR Fax to e-mail to: 0865663759

VISION: Excellence in professionalism and advocacy for health care users