

The South African Nursing Council



APPLICATION FOR REGISTRATION AS A CONSTITUENT ASSESSOR/MODERATOR (*)

(*) please CIRCLE your applicable choice)

PERSONAL DETAILS:

(Please print clearly in BLOCK LETTERS)

Surname											
Given name(s)											
Maiden name (if applicable)											
Gender (tick ✓ one block)	Male	Female									
Equity code (tick ✓ one block)	Black	Coloured	Asian	White	Other (please specify)						
SANC Reference Number											
South African barcoded ID No.											
Postal address											
Residential address											
Telephone (work)										Extension	
Telephone (home)											
Cellphone number											
E-mail address											

EMPLOYER DETAILS:

Employer's name											
Employer's address											

GENERIC ASSESSMENT UNIT STANDARD DETAILS:

(ONLY required if NOT a registered Nursing Educator)

Name of the provider where this unit standard was obtained		Code
Name of the ETQA/SETA that accredited this unit standard	ETDP/SETA	Code 2006

(Application form continues overleaf)

(For office use only)

Payment received	Cash: R	Cheque: R	Postal Order: R
Receipt Date			Signature
Results of evaluation (tick ✓ one)	PROCEED - issue certificate(s)		DO NOT proceed until identified problems have been corrected
Date evaluation completed			Signature of Evaluator
Certificate number(s) issued			
Date issued			Signature of Checker

CONSTITUENT (FIELD SPECIFIC) AREA APPLIED FOR:

Please ✓ tick the relevant qualification(s)

Code	Constituent Field	Relevant Registered Qualification	Years Clinical Experience	Relevant CPD Points (not yet applicable)
15	General Nursing			
16	Psychiatric Nursing			
70	Community Health Nursing			
21	Midwifery			
201	Post-basic Child Nursing			
202	Post-basic Community Health Nursing			
204	Post-basic Midwifery and Neonatal Nursing			
205	Post-basic Occupational Health Nursing			
206	Post-basic Psychiatric Nursing			
78	Clinical Nursing Science, Health Assessment, Treatment and Care			
79	Geriatric Nursing			
65	Nursing Education			
58	Nursing Administration			
75	Occupational Health Nursing			
60	Operating Theatre Nursing			
59	Ophthalmological Nursing			
61	Orthopaedic Nursing			
62	Paediatric Nursing			
	Other (please specify)			

Example:

	Advanced Community Health Nursing	M CHN (UP) 1999	Teaching (Turf) CHN (3yrs)	05 Health Promotion Conference
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DECLARATION:

I declare that the information furnished herein is true and correct.			
Signature of Applicant		Date	

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION AS ASSESSOR/MODERATOR

1. Please complete one form for applications as Assessor and a separate form for application as Moderator.
2. Complete all required information on the application form. Please use BLOCK CAPITAL LETTERS.
3. Re-check the form to make sure that nothing has been left out. Incomplete applications will not be accepted.
4. Sign and date the form. Note that in so doing, you are declaring that all information provided is true and correct.
5. Make sure that you have attached all the relevant supporting documentation and that copies have been certified.
6. Either pay the required fees into Council's bank account or attach your payment (cheque or postal orders).
7. Post your application to the Council - you cannot fax it as it contains ORIGINAL documents. You can also courier or hand deliver the documents to the Council.

NB: The following must be enclosed with your application:

- Certified copy of original Statement of Results issued by the ETDP/SETA (if NOT Nursing Educator).
- Certified copy of the original certificate / letter of achievement issued by the provider of the generic assessment training (if NOT Nursing Educator).
- Original letter(s) from employer(s) confirming years clinical experience.
- A non-refundable applicable fee of R180.00 (VAT inclusive) PER FIELD in which you wish to be registered as assessor/moderator.

S A Nursing Council Contact Details

The Registrar	Tel: (012) 420 1000
South African Nursing Council	Fax: (012) 343 5400
Private Bag X132	
Pretoria	E-mail: registrar@sanc.co.za
0001	Web site: www.sanc.co.za

S A Nursing Council Bank Details

Bank name:	First National Bank
Account name:	S A Nursing Council No 2 Account
Account number:	514 211 86 193
Branch name:	251-445
Branch code:	Church Square