

South African Nursing Council

(Established under the Nursing Act, 2005)

602 Pretorius Street, Arcadia, Pretoria, 0083
 Private Bag X132, Pretoria, 0001
 Telephone (012) 420-1000
 Fax (012) 343-5400 (24-hour line)



Notification of TERMINATION of a course

Personal Details:

SA Nursing Council Reference Number																																	
Title (tick ✓ one box)	Dr	Mr	Ms	Prof	<p>NOTE:</p> <p>The application form must be accompanied by the termination records. Failure to submit these records will result in an unprocessed application.</p>																												
Surname																																	
Given Names (in full)																																	
Maiden Name (if applicable)																																	
Gender (tick ✓ one box)	Female																			Male													
Date of Birth (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D																							
South African Identity Number																																	
OR alternatively, for those applicants who do not have a South African Identity Number:																																	
- Passport Number																																	
- Passport Country of Issue																																	
- Passport Expiry Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D																							

Leave granted:

Type (e.g. vacation / sick)	From	To	Period

Qualification Details:

Nursing Education Institution Number (<i>only for South African Institutions</i>)																				
Name of Nursing Education Institution																				
Name of Course TERMINATED																				
Reason for termination																				
Termination Date (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D										
Name and Signature of Head of Nursing Education Institution																				

NEI Stamp
