



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)

Application for registration in the category Community Service (Applicants who obtained their qualification outside South Africa)

Instructions:

1. This form is to be used **only** by applicants who obtained their qualification outside South Africa.
2. Please complete all required information using a ballpoint pen.
3. Print all information clearly
4. This form must **only** be submitted to the Nursing Council if and when you are requested to do so by the Council – this will be determined after the Council has evaluated your qualification.

Personal Details:

S. A. Nursing Council Reference Number																				
Title (tick ✓ one box)	Dr	Mr	Ms	Prof	NOTE: The details entered here must correspond exactly with the details shown in your South African Identity Document or your passport.															
Surname																				
Given Names (in full)																				
Maiden Name (if applicable)																				
Sex (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										

Postal Address:

	<p>NOTE: Enter your home postal address – to be recorded in the register.</p> <p>DO NOT use the address of the health establishment where you will be performing community service.</p>																			
Postcode																				

Residential Address (if different):

	<p>NOTE: Enter your home residential address here <u>only</u> if it is different to your postal address.</p> <p>DO NOT use the address of the health establishment where you will be performing community service.</p>																			
Postcode																				

Address to which your registration certificate should be posted (if different):

					<p>NOTE: Enter the postal address to which your registration certificate and/or any correspondence in connection with this application should be sent.</p> <p>The address details entered here will <u>not</u> be recorded in the register.</p>
Postcode					

Contact Details:

Telephone Number (home)														
Telephone Number (work)														
Cellphone Number														
Fax Number														
E-mail Address														

Qualification Details:

Country Where Qualification Issued														
Name of Nursing Education Institution														
Name of Qualification														
Date Qualification Issued	(yyyy-mm-dd)				Y	Y	Y	Y	-	M	M	-	D	D
Name of Regulatory Body in Country Where Issued														
Details of Legislation (under which qualification was issued – if applicable)														

Details of Community Service:

Name of Health Establishment (where Community Service will be performed)														
Name of Town / City														
Province														
Date of Commencement of Community Service	(yyyy-mm-dd)				Y	Y	Y	Y	-	M	M	-	D	D

Signed by Applicant:

I certify that the information provided in this application is true and correct														
Signature														
Date	(yyyy-mm-dd)				Y	Y	Y	Y	-	M	M	-	D	D

Please note that when this form is submitted to the Nursing Council it must be accompanied by the following items:

1. Certified copy of applicants identity document or passport
2. Registration fee of R360-00^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by **REGFPRA** as reference.

^(*) The abovementioned fee applies from **1 January 2018**. For payments received by the Council before this date, the fee is R340-00.

FOR OFFICE USE ONLY			
Check		Card	
		Cheque	
		Direct deposit	
		Other	