



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)

Notice of Commencement of Community Service

- Instructions:**
1. Please complete all required information using a ballpoint pen.
 2. Print all information clearly

Details of Community Service Practitioner:

S. A. Nursing Council Reference Number																			
Title (tick ✓ one box)	Dr	Mr	Ms	Prof															
Surname																			
Given Names (in full)																			
Maiden Name (if applicable)																			
South African Identity Number																			

Confirmation of Commencement of Community Service:

Name of Health Establishment <small>(where Community Service has commenced)</small>																								
Name of Town / City																								
Province																								
Date of Commencement of Community Service (yyyy-mm-dd)															Y	Y	Y	Y	-	M	M	-	D	D

Signed by Practitioner:

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

Signed by Head of Public Health Establishment:

I certify that the above named practitioner has commenced Community Service at this Public Health Establishment on the date indicated above																								
Signature																								
Print Name																								
Date (yyyy-mm-dd)															Y	Y	Y	Y	-	M	M	-	D	D

Stamp of Public Health Establishment