



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)

Community Service Completion Report

- Instructions:**
1. Please complete all required information using a ballpoint pen.
 2. Print all information clearly.
 3. All information must be supplied – this will ensure that details which may have changed during the period of community service are correctly updated in the register.

Personal Details of Practitioner:

S. A. Nursing Council Reference Number																						
Title (tick ✓ one box)	Dr	Mr	Ms	Prof																		
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																						
<u>OR</u> 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												

NOTE:
 If you have changed any of the details appearing in your identity document or passport since registering as a student and if you have not already done so, you must submit certified proof substantiating the change together with this application.

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 performed 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 performed community service.</p>
Postcode	

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

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

Contact Details:

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

Details of Community Service:

Name of Health Establishment (where Community Service was completed)														
Name of Town / City														
Province														
Date of Commencement of Community Service (yyyy-mm-dd)														
Date of Completion of Community Service (yyyy-mm-dd)														

Signed by Practitioner:

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

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

- Registration fees of R720-00^(*) (including VAT) or proof of payment thereof into the SA Nursing Council bank account. Use SANC number followed immediately by **REGFPRA** as reference.

^(*) R720 equals R360 for registration as Nurse plus R360 for registration as Midwife
The abovementioned fee applies from **1 January 2018**. For payments received by the Council before this date, the fee is R680 (R340 + R340).

FOR OFFICE USE ONLY		
Check		Card
		Cheque
		Direct deposit
		Other

Signed by Head of Public Health Establishment:

I certify that the above named practitioner has completed the required 12-month period of Community Service at this Public Health Establishment starting on the commencement date and ending on the completion date indicated above														
Signature														
Print Name														
Date (yyyy-mm-dd)														

Stamp of Public Health Establishment

Signed by Provincial Coordinator for Community Service:

I certify that the above named practitioner has completed the 12-month period of Community Service required in terms of the regulations and is now eligible to be registered as Professional Nurse.														
Signature														
Print Name														
Date (yyyy-mm-dd)														