



South African Nursing Council

(Under the provisions of the Nursing Act, 2005)

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RE-ASSESSMENT APPLICATION FORM

CANDIDATE'S PERSONAL DETAILS:

SURNAME : _____

FIRST NAMES IN FULL : _____

EXAMINATION NUMBER : _____

COUNCIL REF NUMBER : _____

TEL/CELL: _____

EMAIL ADDRESS/ : _____

FAX NUMBER : _____

NOTE: RE-ASSESSMENT RESULTS ARE NOT SENT BY SMS/POST, THEREFORE PLEASE ENSURE YOU PROVIDE A VALID E-MAIL ADDRESS/FAX NUMBER

I hereby apply for re-assessment of my examination answer book(s) for the following examination:

Held in _____

(Month and year only)

I certify that the above stated information is correct.

DATE: _____

(CANDIDATE'S SIGNATURE)

INSTRUCTIONS

1. THE FEE OF **R800.00 PER PAPER** MUST ACCOMPANY THIS FORM (NON-REFUNDABLE)
2. THIS FORM AND THE FEE MUST REACH THE COUNCIL ON OR BEFORE THE CLOSING DATE AS STIPULATED ON THE EXAMINATION RESULTS COVERING LETTER SENT TO THE NURSING EDUCATION INSTITUTION.
3. CANDIDATE TO APPLY FOR REASSESSMENT OF THEORY ONLY.
4. THE MARKS ALLOCATED TO A CANDIDATE UPON RE-ASSESSMENT, SHALL BE FINAL AND BINDING.
5. **BANKING DETAILS:** FNB 51425166282, CURRENT ACC., BRANCH CODE: 253145.
PLEASE USE THE FOLLOWING **REFERENCE:** COUNCIL REFERENCE NUMBER FOLLOWED BY **REMAFEE**
6. PLEASE E-MAIL THE FULLY COMPLETED FORM TO: exams@sanc.co.za