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 REMA Fee.
6. PLEASE E-MAIL THE FULLY COMPLETED FORM TO: exams@sanc.co.za

SANC 20.1 (2018-01-31)