

South African Nursing Council



APPLICATION FOR REGISTRATION AS LEARNER NURSE / MIDWIFE

PROGRAMME TO BE FOLLOWED

Place a tick (☑) in the box next to the programme to be followed:

	R.425	Four-year Programme in Nursing and Midwifery	138
	R.880	One-year Psychiatric Nursing	110
	R.254	One-year Midwifery	111
	R.683	Bridging Programme – General Nursing	141
	R.683	Bridging Programme – Psychiatric Nursing	142
	R.2175	Course leading to Enrolment as a Nurse – General nursing care	172
	R.2175	Course leading to Enrolment as a Nurse – Nursing care of the aged	173
	R.2175	Course leading to Enrolment as a Nurse – Community nursing care	175
	R.2175	Course leading to Enrolment as a Nurse – Psychiatric nursing care	176
	R.2176	Course leading to Enrolment as a Nursing Auxiliary	177
	R.48	Clinical Nursing Science, Health Assessment, Treatment and Care	121
	R.276	Community Nursing Science	124
	Other	(Please specify)	

FOR OFFICIAL USE ONLY

Fees paid

Yes

No

Certificate number

Date of certificate

PERSONAL DETAILS OF LEARNER

(Please write your names exactly as they appear in your identity document.)

Surname (family name)

Given names (in full)

Maiden name (if applicable)

Date of birth

Year

Month

Day

S A Identity number

(*) The following passport information is required ONLY if you do not have a South African identity document.

OR (*) Passport number

(*) Country of issue

Gender (tick one block)

Female

Male

Highest educational standard

School grade

Other

Email address

S A Nursing Council

reference number (if you already have one)

Postal address

Postcode

Residential address (physical address at HOME)

Postcode

Mobile phone number ()

Home phone number ()

Fax number ()

DETAILS OF PROGRAMME TO BE FOLLOWED

Name of Nursing Education Institution									
Date of commencement/ resumption of training	Year	Month	Day	Which year of the programme will you be entering? (tick one block)	1 st Year	2 nd Year	3 rd Year	4 th Year	

Please turn over – form continues overleaf

SANC – 26.3 (2013-02-20)

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LEARNER STATISTICAL INFORMATION

(unless otherwise indicated, mark ONE block in each section with a cross “X”)

Province in which you live	<input type="checkbox"/>	Eastern Cape	EC	<input type="checkbox"/>	<input type="checkbox"/>	Mpumalanga	MP	
	<input type="checkbox"/>	Free State	FS		<input type="checkbox"/>	Northern Cape	NC	
	<input type="checkbox"/>	Gauteng	GP		<input type="checkbox"/>	North West	NW	
	<input type="checkbox"/>	KwaZulu Natal	KZN		<input type="checkbox"/>	Western Cape	WC	
	<input type="checkbox"/>	Limpopo	LP					
Employment equity code (Department of Labour codes)	<input type="checkbox"/>	Black African	BA	<input type="checkbox"/>	<input type="checkbox"/>	Indian/Asian	IA	
	<input type="checkbox"/>	Coloured Person	CP		<input type="checkbox"/>	White	WH	
Nationality	<input type="checkbox"/>	South Africa	SA	<input type="checkbox"/>	<input type="checkbox"/>	Zaire	ZA	
	<input type="checkbox"/>	Angola	ANG		<input type="checkbox"/>	Zambia	ZAM	
	<input type="checkbox"/>	Botswana	BOT		<input type="checkbox"/>	Zimbabwe	ZIM	
	<input type="checkbox"/>	Lesotho	LES		<input type="checkbox"/>	Rest of Africa	ROA	
	<input type="checkbox"/>	Malawi	MAL					
	<input type="checkbox"/>	Mauritius	MAU		<input type="checkbox"/>	Asian Countries	AIS	
	<input type="checkbox"/>	Mozambique	MOZ		<input type="checkbox"/>	Australia and New Zealand	AUS	
	<input type="checkbox"/>	Namibia	NAM		<input type="checkbox"/>	Central and South American	SOU	
	<input type="checkbox"/>	Seychelles	SEY		<input type="checkbox"/>	European Countries	EUR	
	<input type="checkbox"/>	Swaziland	SWA		<input type="checkbox"/>	North American Countries	NOR	
	<input type="checkbox"/>	Tanzania	TAN		<input type="checkbox"/>	Other and rest of Oceania	OOC	
	Home language (Predominantly used home language if more than one)	<input type="checkbox"/>	Afrikaans		AFR	<input type="checkbox"/>	<input type="checkbox"/>	Sesotho
<input type="checkbox"/>		English	ENG	<input type="checkbox"/>	Setswana		SET	
<input type="checkbox"/>		isiNdebele	NDE	<input type="checkbox"/>	siSwati		SWA	
<input type="checkbox"/>		isiXhosa	XHO	<input type="checkbox"/>	South African Sign Language		SASL	
<input type="checkbox"/>		isiZulu	ZUL	<input type="checkbox"/>	Tshivenda		TSH	
<input type="checkbox"/>		Sepedi	SEP	<input type="checkbox"/>	Xitsonga		XIT	
<input type="checkbox"/>		Other Please specify:			<input type="checkbox"/>		OTH	
Resident status	<input type="checkbox"/>	SA Citizen	SA	<input type="checkbox"/>	<input type="checkbox"/>	SA Permanent Resident	PR	
	<input type="checkbox"/>	Dual (SA plus other)	DU		<input type="checkbox"/>	Other	OT	
	Please specify other:				Please specify			
Socioeconomic status	<input type="checkbox"/>	Employed – on study leave					01	
	<input type="checkbox"/>	Not working – student					06	
Disability status (If necessary, please select more than one item under this section)	<input type="checkbox"/>	None					00	
	<input type="checkbox"/>	Sight	(experience problems even when wearing glasses / contact lenses)				01	
	<input type="checkbox"/>	Hearing	(experience problems even when wearing hearing aid or with implant)				02	
	<input type="checkbox"/>	Communication	(talking / listening)				03	
	<input type="checkbox"/>	Physical	(moving / standing / grasping)				04	
	<input type="checkbox"/>	Intellectual	(difficulties in learning / retardation)				05	
	<input type="checkbox"/>	Emotional	(behavioural or psychological)				06	
	<input type="checkbox"/>	Other	(not mentioned above)				09	

Please turn over – form continues overleaf

DECLARATION

Answer these four questions with a definite "YES" or "NO" by making a tick (☑) in the appropriate block. If the reply to any of the questions is "YES", full particulars must be submitted together with the application.

WARNING:

An incorrect answer to any of these questions could lead to professional conduct action being taken against you.
If you are in doubt as to how to answer one or more of these questions, please contact the Council for assistance.

1. Are you now, or have you previously been, registered or enrolled with the South African Nursing Council as a Nurse / Midwife / Nursing Auxiliary?	YES	NO
2. Are you now, or have you previously been, registered or enrolled with the South African Nursing Council as a Student Nurse / Midwife or as a Pupil Nurse / Nursing Auxiliary ?	YES	NO
3. Have you ever been found guilty of an offence in any country?	YES	NO
4. Is a charge of an offence pending against you in any country?	YES	NO

A certified copy of your identity document or passport (the details of which are reflected in this application) and your school leaving certificate must be submitted together with this application. If either of these two documents is in a language which is not an official language of South Africa, a sworn translation of the document, made by a certified translator, must accompany the document.

The fee payable by the learner for registration is R110-00. This amount must be paid / deposited into the Council's bank account by the Nursing Education Institution on behalf of the learner.

The above amount is correct from 1 January 2011 and includes VAT at 14%

I certify that the information on this application form is true and correct.

Signature of applicant	Date / /	Total amount paid R ,
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I certify that I have checked this application for completeness and accuracy and to the best of my knowledge it is true and correct (based on the information supplied to me).

Signature of person in charge of training	Date / /
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Stamp of Nursing Education Institution

S A Nursing Council – Contact Details

The Registrar
South African Nursing Council
P O Box 1123
PRETORIA
0001

Tel: 012 420-1000
Fax: 012 343-5400 (24-hour)
Email: registrar@sanc.co.za
Website: www.sanc.co.za