

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	<i>(Please specify)</i>	

FOR OFFICIAL USE ONLY

Fees paid

Yes No

Certificate number

Date of certificate

PERSONAL DETAILS OF LEARNER

<i>(Please write your names exactly as they appear in your identity document.)</i>				S A Nursing Council reference number <i>(if you already have one)</i>			
Surname <i>(family name)</i>				Postal address			
Given names <i>(in full)</i>							
Maiden name <i>(if applicable)</i>							
Date of birth		Year	Month	Day	Postcode		
S A Identity number				Residential address (physical address at HOME)			
<i>(*) The following passport information is required ONLY if you do not have a South African identity document.</i>							
OR <i>(*)</i> Passport number							
<i>(*)</i> Country of issue				Postcode			
Gender <i>(tick one block)</i>		Female		Male		Mobile phone number ()	
Highest educational standard		School grade		Other		Home phone number ()	
Email address				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? <i>(tick one block)</i>		1 st Year	2 nd Year	3 rd Year	4 th Year

Please turn over – form continues overleaf

SANC – 26.3 (2013-02-20)

APPLICATION FOR REGISTRATION AS LEARNER NURSE / MIDWIFE – PAGE 2

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

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

Please turn over – form continues overleaf

APPLICATION FOR REGISTRATION AS LEARNER NURSE / MIDWIFE – PAGE 3

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

<p>S A Nursing Council – Contact Details</p> <p>The Registrar South African Nursing Council P O Box 1123 PRETORIA 0001</p> <p>Tel: 012 420-1000 Fax: 012 343-5400 (24-hour) Email: registrar@sanc.co.za Website: www.sanc.co.za</p>
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