



South African Nursing Council
(Under the provisions of the Nursing Act, 2005)

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0001

RE-ASSESSMENT APPLICATION FORM

CANDIDATE'S PERSONAL DETAILS

SURNAME : _____
FIRST NAMES IN FULL : _____
EXAMINATION NUMBER: _____
COUNCIL REF NUMBER : _____
POSTAL ADDRESS : _____

TEL/CELL: _____
EMAIL ADDRESS: _____

Dear Sir/Madam

I hereby apply for reassessment 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 R660.00 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. REF: COUNCIL REFERENCE NUMBER FOLLOWED BY REMAFEE**
- 6. PLEASE E-MAIL THE FULLY COMPLETED APPLICATION FORM AND PROOF OF PAYMENT TO:**
exams@sanc.co.za

VISION: Excellence in professionalism and advocacy for health care users