



South African Nursing Council

(Established under the Nursing Act, 2005)

Application for a Certificate of Good Standing

- Instructions:
1. Please complete all required information using a ballpoint pen.
 2. Print all information clearly.
 3. All information must be supplied – this will ensure that details in the register are always up-to-date.

Personal Details of Practitioner:

S. A. Nursing Council Reference Number																				
Title (tick ✓ one box)	Dr	Mr	Ms	Prof	NOTE: If you have changed any of the details appearing in your identity document or passport since registering as a student and if you have not already done so, you must submit certified proof substantiating the change together with this application.															
Surname																				
Given Names (in full)																				
Maiden Name (if applicable)																				
Sex (tick ✓ one box)	Female				Male															
Date of Birth (yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D										
South African Identity Number																				
OR alternatively, for those applicants who do not have a South African Identity Number:																				
– Passport Number																				
– Passport Country of Issue																				
– Passport Expiry Date (yyyy-mm-dd)																				
	Y	Y	Y	Y	-	M	M	-	D	D										

Postal Address:

	NOTE: Enter your home postal address – to be recorded in the register. DO NOT use the address of the health establishment where you performed community service.
Postcode	

Residential Address (if different):

	NOTE: Enter your home residential address here <u>only</u> if it is different to your postal address. DO NOT use the address of the health establishment where you performed community service.
Postcode	

Address to which your Certificate of Good Standing should be posted (if different):

					<p>NOTE: Enter the postal address to which your Certificate of Good Standing and/or any correspondence should be sent.</p> <p>The address details entered here will <u>not</u> be recorded in the register.</p>
Postcode					

Contact Details:

Telephone Number (home)														
Telephone Number (work)														
Cellphone Number														
Fax Number														
E-mail Address														

Please provide me with a certificate of Good Standing.

Signed by Practitioner:

I certify that the information provided in this application is true and correct															
Signature															
Date	(yyyy-mm-dd)	Y	Y	Y	Y	-	M	M	-	D	D				