

**The South African
Nursing Council**

(Established under the Nursing Act, 1978)



**Die Suid Afrikaanse Raad
op Verpleging**

(Ingestel ingevolge die Wet op Verpleging, 1978)

APPLICATION FORM: EXAMINER – YEAR-----

NB

- This form must be filled in full
- Please print
- Forms with incomplete information/without requested attachments will be rendered invalid
- Please complete the attached affidavit form

Part 1: Personal Details

Surname: -----

Names in full: -----

Identity Number: -----

SANC Reference Number: -----

Physical Address: -----Code -----

Postal Address: -----Code -----

Telephone Numbers: Home-----Work-----

Cellular Number: -----

Fax Number: -----

E-mail address: -----

Part 2: Professional Nursing Details

Professional Qualifications (Not degree(s)): -----

Current Registration with SANC (*Attach proof*): -----

Name of Nursing Education Institution:-----

Name of Principal/Head of Nursing Education:-----

Current teaching functions - specify programme(s):-----

Duration of teaching experience (Specify number of years): -----

Programme applied for:-----

Indicate paper to be set with a tick (✓): Paper 1() Paper 2 () Paper 3 ()

Duration of teaching the specific programme applied for:-----

Part 3: Other Details and Declaration(s)

South African Revenue Service Number:-----

Bank Details:-----

Declarations:

I herewith declare that the information provided herein is correct

Applicant's signature:-----Date:-----

I herewith declare that the above named is employed at this institution and teaching the above mentioned programme(s)/course(s)

Name of Principal in full:-----

Signature:----- Date:-----