

South African Nursing Council



APPLICATION FOR RESTORATION

PERSONAL DETAILS

<i>(If your surname has changed by marriage, a certified copy of your marriage certificate must be submitted.)</i>		S A Nursing Council reference number
Surname		Postal address
Given names in full		
Maiden name (if applicable)		
Date of birth	(year / month / day) / /	
Identity number		<i>(Unless otherwise indicated, your address in the SANC register will be changed to the above address)</i>

RESTORATION

Date on which you wish to be restored	(year/month/day) / /	IMMEDIATELY	PLEASE NOTE: Fill in EITHER the date on which you are going to assume duty OR place a cross in the box marked "IMMEDIATELY". In either case, you will not be restored on a date earlier than the date on which the S A Nursing Council receives your completed application form and the full amount payable. If you mark "IMMEDIATELY" it means with effect from the date on which you meet all the requirements and NOT "while you wait".
Name of employer/ prospective employer (if applicable)			
Address of employer/ prospective employer (if applicable)			

RESTORATION(S) FOR WHICH APPLICATION IS MADE (QUALIFICATIONS)

<input checked="" type="checkbox"/>	← Mark the applicable block(s) with a cross – for example	Registered Nurse for Mental Defectives	
	Registered Nurse (General, Psychiatric and Community)	Registered Midwife/Accoucheur	
	Registered General Nurse	Enrolled Nurse	
	Registered Psychiatric Nurse	Enrolled Midwife	
	Registered Mental Nurse	Enrolled Nursing Auxiliary (previously called Enrolled Nursing Assistant)	

DECLARATION

Answer these four questions with a definite "YES" or "NO" by making a cross 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.
"Professional misconduct" means:
 unprofessional conduct, disgraceful conduct or improper conduct or any similar offence.

1. Have you ever been convicted of an offence by a court of law in any country?	YES	NO
2. Is a charge of an offence pending against you in any country?	YES	NO
3. Have you ever been convicted of professional misconduct by a professional conduct hearing of a Nursing Council or similar controlling body in any country?	YES	NO
4. Is a charge of professional misconduct pending against you in any country?	YES	NO

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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Please turn over – form continues overleaf

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ADDITIONAL CONTACT DETAILS

Home telephone ()	Cell phone (mobile) ()
Work telephone ()	Fax number ()
E-mail address	

STATISTICAL INFORMATION (unless otherwise indicated, mark ONE block in each section with a cross "X")

Province in which you live	Eastern Cape	Mpumalanga	
	Free State	Northern Cape	
	Gauteng	North West	
	KwaZulu Natal	Western Cape	
	Limpopo		
Employment equity code	African	Indian/Asian	(Department of Labour codes)
	Coloured	White	
Nationality	South Africa	Zaire	
	Angola	Zambia	
	Botswana	Zimbabwe	
	Lesotho		
	Malawi	Rest of Africa	
	Mauritius	Asian Countries	
	Mozambique	Australia and New Zealand	
	Namibia	Central and South American Countries	
	Seychelles	European Countries	
	Swaziland	North American Countries	
	Tanzania	Other and rest of Oceania	
Home language <small>(Predominantly used home language if more than one)</small>	Afrikaans	Sesotho	
	English	Setswana	
	isiNdebele	siSwati	
	isiXhosa	South African Sign Language	
	isiZulu	Tshivenda	
	Sepedi	Xitsonga	
	Other Please specify:		
Resident status	SA Citizen		
	SA Permanent Resident		
	Dual (SA plus other)	Please specify other:	
	Other	Please specify:	
Socioeconomic status	Employed		
	Unemployed – looking for work		
	Not working – not looking for work		
	Not working – housewife / homemaker		
	Not working – scholar / full time student		
	Not working – pensioner / retired person		
	Not working – disabled person		
	Not working – not wishing to work		
	Not working – none of the above		
Disability status <small>(If necessary, please select more than one item under this section)</small>	None		
	Sight	(experience problems even when wearing glasses / contact lenses)	
	Hearing	(experience problems even when wearing hearing aid or with implant)	
	Communication	(talking / listening)	
	Physical	(moving / standing / grasping)	
	Intellectual	(difficulties in learning / retardation)	
	Emotional	(behavioural or psychological)	
Other	(not mentioned above)		

HOW TO APPLY FOR RESTORATION OF YOUR NAME

Follow these easy steps to apply for the restoration of your name:

1. Fill in the application form using a blue or black ballpoint pen.
2. Print all information using block letters.
3. **ALL information is required** (unless otherwise indicated).
4. Sign and date the form in the space provided.
5. Determine the **TOTAL AMOUNT** payable by referring to the instructions below and write the amount in the space provided on the form. Please read all the instructions in the box below to make sure that you determine the correct fee.

Fees payable together with an application for restoration (fees applicable from 2010-07-01)

Choose the correct fees depending on your **highest qualification** and the **year** in which you wish to be restored. Submit the total amount payable together with your application:

	Registered Person	Enrolled Nurse/Midwife	Enrolled Nursing Auxiliary
Application for restoration in 2010:			
Annual fee (2010)	R400,00	R250,00	R180,00
Restoration fee (2010) (*) - see note below	R350,00	R250,00	R230,00
TOTAL AMOUNT PAYABLE (2010)	R750,00	OR	R500,00 OR R410,00
Application for restoration in 2011:			
Annual fee (2011)	R 430,00	R 270,00	R190,00
Restoration fee (2011) (*) - see note below	R1290,00	R 810,00	R570,00
TOTAL AMOUNT PAYABLE (2011)	R1720,00	OR	R1080,00 OR R760,00

Note (*): In most cases, the above restoration fees will apply. However, if your name was removed at your own request (i.e. you submitted an application for voluntary removal of your name that was processed before you were removed in another way), the restoration fee is only R70,00 for 2010 or R80,00 for 2011 – irrespective of the category. If you believe that you qualify to pay the reduced restoration fee, **please confirm this with the Council** before submitting your payment.

These fees include 14% VAT and are correct at the time of printing. Fees are however subject to increase. If you are applying for restoration of your name **after 30 June 2011**, please contact the Council to establish the correct fee amounts. Alternatively, visit the Council website **www.sanc.co.za** to check the fees.

6. Post your completed application form together with the required fees to the Council at the address given.
7. You may also deposit the required fees into the Council's bank account (see details below) and fax copies of the completed application form and deposit slip to the Council on fax number **012 343-5400**. The fax machines on this number are generally available 24-hours per day, seven days per week.

S A Nursing Council – Contact Details

The Registrar
South African Nursing Council
P O Box 1123
PRETORIA
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Tel: 012 420-1000
Fax: 012 343-5400 (24-hour)
Email: registrar@sanc.co.za
Website: www.sanc.co.za

S A Nursing Council - Bank Account Details

Bank: First National Bank (FNB)
Account name: S A Nursing Council
Account number: 51421186193
Branch number: 253-145 (+ see note below)

Reference: (Use your own S A Nursing Council reference number)

Please note (*): That **253-145** is SANC's new branch number – please be assured that your payment will not be rejected if you have used the old number (251445)