

SOCIETY OF PRIVATE NURSE PRACTITIONERS of South Africa

NPO 125-689



Nursing Care by Nurses who Care

P O Box 321
RONDEBOSCH
7701
Tel: 071 806 1640
Fax: (021) 683 7799
E-mail: spnpnational@gmail.com

Membership Application form Group Practice 2023

1. Practice details:

Practice name

Address: Postal: Code

Work: Code.....

Telephone no: Office

Type of service provided: List your fields of service provided in order of skills and preferred practice:

1 2 3.....

Other :

Geographic areas covered:

Hours available: Full time :

Part-time: Times available

Occasional Times available

This information will be made available on the Society website and to medical aid schemes and other funders to facilitate referrals unless you indicate that you do not wish to be on such a listing.

Protection of personal information:

Social media platforms

The Society will not disclose personal details (including ID and SANC numbers) without the consent from its members. This includes all social media platforms (WhatsApp, LinkedIn, Facebook and twitter).

Website

Your services and contact details will be listed on the SPNP website for referral purposes unless you indicate that you do not wish to be listed. No personal information will be disclosed.

I do not wish to be listed on the website.

..... Signature

Date

2. Professional Nurse details:

2.1 - First name & SurnameID nr.....

Equity Group..... Cell phone

This information is only used in relation to funding grants which require BBBEE data.

E-mail

South African Nursing Council number:Current receipt no.

PCNS number

Do you currently have indemnity insurance Yes No

If yes, with whom? Membership number:

SANC listed qualification

Additional NON SANC listed qualification

I agree to abide by the Constitution of the Society. (available on the www.nursesasa.org.za website)

..... Signature..... Date

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..... Signature Date

2.2 - First name & Surname ID nr

Equity Group Cell phone

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E-mail

South African Nursing Council number:Current receipt no.

PCNS number

Do you currently have indemnity insurance Yes No

If yes, with whom? Membership number:

SANC listed qualification

Additional NON SANC listed qualification

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..... Signature Date

2.3 - First name & Surname **ID nr**

Equity Group **Cell phone**

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E-mail

South African Nursing Council number: **Current receipt no.**

PCNS number

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Group Practice membership is open to groups of Private Nurse Practitioners who practice in association or partnership with one another, or a nursing agency or organisation who employ three (3) or more professional nurses, where professional nurses do not hold individual membership of the Society.

The fee for 2023 is: Group Practice membership: R3000

On receipt of your membership fees you will be provided with a set of suggested codes and fees.

The updated constitution is available on our website. Those who do not have access to the internet may request a hard copy from the office.

Account name: The Society of Private Nurse Practitioners
Bank name: Nedbank
Branch code: 198765
Account: 1151970468
Reference: Practice name

Contact details for branches:

National enquiries

P.O. Box 321, Rondebosch 7700
Tel: 071 806 1640
Fax: 021 683 7799
website:

www.nursesa.org.za

Cape Region

Tel: 071 806 1640
Email: spnpcape@gmail.com

KZN

Tel: 066 317 1757
Email: spnpkzn@gmail.com

Gauteng

Tel: 079 541 4176
E-mail: spnpgauteng@gmail.com

North West Chapter

E-mail: spnpgauteng@gmail.com

Limpopo Chapter

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Mpumalanga Chapter

E-mail: spnpgauteng@gmail.com

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