

NURSE ENTREPRENEURS MOVEMENT MEMBERSHIP FORM

Now is the time for you to start reorganizing the business you want to grow and succeed with us.

Nurses Entrepreneurs Workshop: NURSES IN BUSINESS
Contact us: 072 766 6014 or cleopatra.jaars@gmail.com

* Indicates required question

1. Email *

2. Title: *

3. First Name (s) & Surname: *

4. ID Number: *

5. Physical Address *

6. Phone Number: *



8. Ethnic Group: (This information is only used in relation to funding grants which require BBBEE data) *

9. South African Nursing Council Number: *

10. PCNS Number: *

11. Do you currently have indemnity insurance? YES / NO *
Details:

12. SANC Registered Qualification *

13. SANC Non-registered Qualification *

14. Dispensing License: YES / NO *



15. **PRACTICE DETAILS:** Type of service provided. List your field of service provided in order of skills and preferred practice. *

16. **GEOGRAPHIC AREA COVERED** *

17. **Hours available: FULL TIME / PART TIME / OCCASIONAL** *

18. **Membership Type** *

Mark only one oval.

- ANNUAL MEMBERSHIP fee: R500
- MONTHLY MEMBERSHIP fee: R50

19. **DECLARATION** *

Tick all that apply.

- I agree to abide by the constitution of the movement

Western Cape
Nurse Entrepreneurs Movement

20. **Date & Signature** *

21. **PROTECTION OF PERSONAL INFORMATION:** *

Social media platforms. The movement 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, Instagram and Twitter).

Website. Your services and contact details will be listed on the nurse entrepreneur's movement's website for referral purposes unless you indicate that you do not wish to be listed. No personal information will be disclosed.

Tick all that apply.

☐ I do not wish to be listed on the website.

22. **Date & Signature** *

BANKING DETAILS

First National Bank (FNB)
Account Name: Nurse Entrepreneurs Movement NPC
Account Number: 63067040063
Branch Code: 260214