



MEDICAL AND DENTAL PROFESSIONS BOARD

APPLICATION FOR REGISTRATION
CERTIFICATE OF GENETIC COUNSELLOR
INTERN TRAINING

FORM 36 GC

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 by registered mail for ease of tracking mail.

GCIN.....

Date of commencement of internship: .....

A. ISSUED BY

Name of training institution:
Full postal address: Code:
Telephone No. (of Supervisor): Fax:
Cellular: Email:

B. DECLARATION

I, ..... Registration Number GC/MP:
Registration date: ..... the undersigned; do hereby certify that:
(Mr, Mrs, Ms):
has worked at the (name of institution):
in the department of
In a full-time capacity as a (position held)
from: ..... to:

I consider him/her to be a competent and fit person to practice as a genetic counsellor.

1 SIGNATURE: Supervising Genetic Counsellor Name: Please print
Post Held:
Date: .....20 .....

2 SIGNATURE: Head of the Training Facility Name: Please print
Date: .....20 .....

3 SIGNATURE: Head of Department of the Collaborating University
(Only applicable to non-university based training facility) Name: Please print
Date: .....20 .....

Return the duly completed form together with Form 24 GC to the above address.

\*Please complete for statistical purposes.

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties