

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 or 553 Madiba Street, Arcadia, Pretoria 0083 **by registered mail or courier for ease of tracking mail.**

A. PERSONAL PARTICULARS

HPCSA Intern Registration Number:

I, (Dr), Surname:

Maiden name (if applicable):

First names: Identity No.:

Postal address:

Postal code:

Residential address:

Postal code:

Tel (H): (W):

Cell: Fax:

Email:

*Marital Status: Married Single Divorced Gender M F

* Race: African Asian Coloured Indian White Country of Origin:

holds the qualification..... obtained (date).....

At (institution).....

And hereby apply to be registered as an Intern Medical Physicist. I declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.

SIGNATURE: **Date:** **20**.....

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- | | |
|--|---|
| | 1. My original BSc honours degree certificate or equivalent thereof (a copy will only be accepted if certified by an attorney in his/her capacity as NOTARY PUBLIC and bearing the official stamp or original Form 23 PHIN, duly completed) Copies certified by a Commissioner of Oaths will not be accepted. |
| | 2. A copy of my identity document or birth certificate (for first time registration). |
| | 3. A copy of my marriage certificate (should you wish to be register in your married surname). |
| | 4. Registration fee of R319.00 . For banking details click here . (Identity number as deposit reference) |
| | 5. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health |

C. To be completed by the coordinators of the HPCSA accredited training facility for Medical Physicists:

I, (full names): Registered medical physicist/specialist for at least three years
number PH/MP.....year of registration.....

will take responsibility for coordinating the supervision of the intern training of the abovementioned applicant for a period of two (2) years full-time.

Commencement date of training..... Teaching Institution.....

Accredited training facility

SIGNATURE:..... **DATE:**..... **20**.....

***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.