



**PROFESSIONAL BOARD FOR OCCUPATIONAL  
THERAPY, MEDICAL ORTHOTICS & PROSTHETICS &  
ARTS THERAPY**

**Form 53 OT-S**

**APPLICATION FOR REGISTRATION AS A STUDENT  
OCCUPATIONAL THERAPIST**

**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.**  
553 Madiba Street, Arcadia, Pretoria 0083

FOR OFFICE  
USE

**A. PERSONAL PARTICULARS**

I, (Mr, Mrs, Miss) \_\_\_\_\_ 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:  Divorced  Married  Single Gender:  Male  Female

\* Race:  Asian  African  Coloured  White Country of origin: \_\_\_\_\_

hereby apply to register as a student in \_\_\_\_\_  
(kindly indicate profession)

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **20** \_\_\_\_\_

Received on

Amount

Receipt No.

No.

Reg. Date

**I certify that the application meets the requirements as outlined in section and that I have verified the application:**

**Registration Officer:**  
.....

**Signature:**  
.....

**Date:**  
.....

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


1. Current registration fee of **R197.00** (as of 01 April **R210.00**). Please attach the proof of payment.
2. A copy of my identity document or birth certificate. Non S A Citizen, a copy of your valid passport.
3. A copy of my marriage certificate (should you wish to register in your married surname).
4. An additional fee of **R96.00** in respect of each month or part of a month which my application is submitted later than **four** months after date of registration at the Training Educational Institution.

**C. TO BE COMPLETED BY THE TRAINING INSTITUTION NO ALTERATIONS TO THIS SECTION WILL BE ACCEPTED**

Certificate of having commenced study as a student, issued by: \_\_\_\_\_  
(name of institution)

indicating that he/she enrolled on \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)

in the (first, second, etc.) \_\_\_\_\_ year of study.

**ORIGINAL OFFICIAL DATE STAMP OF  
INSTITUTION**

**SIGNATURE: REGISTRAR ACADEMIC/HEAD OF DEPARTMENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**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.**