



Form 26GCIN

MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
INTERN GENETIC COUNSELLOR

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

NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED

FOR OFFICE USE ONLY

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:

hold the qualification obtained (date)

at (institution) and is registered for an MSc in Genetic Counselling

at (Institution) from to

and hereby apply to be registered as an Intern Genetic Counsellor. 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

GCIN

Received on

Amount

Receipt No.

No.

Reg. Date

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

Registration Officer: Signature: Date:

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

- 1. My original BSc honours degree certificate and proof of registration for masters degree 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 GCIN, duly completed) Copies certified by a Commissioner of Oaths will not be accepted.
2. Registration fee of R261.00.
3. A copy of my identity document or birth certificate.
4. A copy of my marriage certificate (should you wish to register in your married surname).

Bank Details: HPCSA Bank: ABSA Branch: Arcadia Branch code: 334945 Acc. No. 0610000169

C. To be completed by the coordinators of the HPCSA accredited training facility for Genetic Counsellors:

I, (full names): registered Genetic Counsellor for at least three years,

registration no. GR: year of registration:

and I, (full names): Practitioner in Medical Genetics with

registration no. MP: year of registration:

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

Commencement date of training: Teaching institution:

Accredited training facility:

SIGNATURE: GR DATE: 20

SIGNATURE: MP 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.