



**Form 9**

**APPLICATION FOR REGISTRATION  
AS A REGISTRAR / SUBSPECIALITY TRAINEE**

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

Please PRINT and return the 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 ONLY**

**A. PERSONAL PARTICULARS**

HPCSA Registration Number: .....

I, (Dr, 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: .....

RECEIVED ON:

CAPTURED ON:

DATE:

VERIFIED BY:

DATE:

Hereby apply for registration / continuation of registration as a Registrar / Subspeciality Trainee

HPCSA Registration Number: ..... Date of First Registration:.....

Basic qualification: ..... Year obtained: .....

University at which currently enrolled for postgraduate study: .....

Speciality for which enrolled: .....

Subspeciality for which enrolled: .....

Name of Teaching / Satellite Department / Hospital: .....

Name of Teaching unit / Satellite teaching Unit: .....

Academic department: .....

Board approved post number: .....

Date of commencement of Registrar / Subspeciality Trainee course: .....

Current Year of Study: .....

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

**REGISTRAR / SUBSPECIALITY TRAINEE**

\_\_\_\_\_  
**SIGNATURE: Dean/Head of School**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE: HOD/HO Unit**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE: Medical Superintendent**

\_\_\_\_\_  
**DATE**

**ORIGINAL OFFICIAL DATE STAMP OF  
INSTITUTION**

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

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