Health Professions Council of South Africa

Form 53 DOH

APPLICATION FOR REGISTRATION

STUDENT

DENTAL ASSISTANT

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

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: Married | Single | Divorced Gender M | F

* Race: African | Asian | Coloured | Indian | White Country of Origin: ……..

hereby apply to register as a student in ……

(**kindly indicate profession**)

SIGNATURE: ……**Date:** ……**20**……..

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

☐	1.	A copy of my identity document or birth certificate.
☐	2.	A copy of my marriage certificate (should you wish to be register in your married surname).
☐	3.	Registration fee: **R302.00 applicable for the period 1 April 2023 to 31 March 2024.** Banking details as on the website (**Registration number as deposit reference) Please attach proof of payment**.
☐	4.	Penalty fees, per month or part thereof, for the late submission of an application for registration **R130.00**
☐	5.	Section C duly completed.

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

C. TO BE COMPLETED BY THE TRAINING INSTIITUTION

Name of training institution ……

Date of enrollment …… (day) …… (month) 20……. (year) in the (first, second, etc) ……. year of study.

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

_____ _____

SIGNATURE: REGISTRAR ACADEIC/HEAD OF DEPARMENT **DATE**

*** 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.