	APPLICATION FOR REGISTRATION AS	
Health Professions Council of South Africa	VISITING STUDENT	
Form 8	EMERGENCY CARE	
NON COMPLIANT APP	LICATION WILL BE REJECTED AND SENT I	ΒΑϹΚ ΤΟ ΥΟυ!
(NO ALTER	ATIONS TO THIS SECTION WILL BE ACCEP	PTED)
Note: The original application must be sub The Registrar, PO Box 205, Pretoria 0 courier for ease of tracking		
A. To be completed by a teaching institution	abroad where the applicant is a ful	I-time student.
I, the undersigned, hereby certify that:		
(Dr, Mr, Mrs, Miss) : Surname		
First names :		
He/she is in his/her yea	ir of study for the degree of	
	SEAL/STAMP OF ABROAD TEACHIN	NG
	INSTITUTION	
SIGNATURE OF DEAN OF THE FACULTY		
<u>OR</u> REGISTRAR OF TEACHING INSTITUTION		DATE
B. Please submit together with your applicat	ion:	
<ul> <li>a) Registration fee of R979.00 applica website. This fee must be remitted deposit reference)</li> <li>b) A certified copy of the applicant's participation of the applicant of the appli</li></ul>	by a bank draft drawn on a bank in Sc	buth Africa. (Use passport number as
	ATIONS TO THIS SECTION WILL BE ACCEP	
C. To be completed by the <u>University in Sou</u>		
I, the undersigned, hereby certify that:		
(Mr/Mrs/Miss) : Surname :		
(		
First names :		
will commence attendance of a course or courses in the		
study in the faculty/school of		
This student in enrolled for a course in (subj	ect)	in a temporary capacity for a
period not exceeding one academic year and		
The student concerned will attend classes in University from the	•	
University noninine (Uay)	(monun) 20 (0	ay,
s	EAL/STAMP OF UNIVERSITY IN SOUTH AFRICA	
DEAN/REGISTRAR		DATE
Please note that the Council, in the normal course of i	ts duties, reserves the right to divulge inforr	mation in your personal file to other parties.

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