

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

**A. PERSONAL PARTICULARS**

HPCSA Intern Registration Number: .....

I, (Dr), 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 Medical Practitioner to perform Community Service at:  
.....

**(Specify name of approved hospital)**

and declare that I am the person referred to in the attached certificate or qualification referred to below. I also 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.....

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

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 1. Form 10A, duly completed (proof of one/two years of internship training)  |
| <input type="checkbox"/> | 2. Duly completed logbook for internship training  |
| <input type="checkbox"/> | 3. A copy of my identity document or birth certificate (for first time registration).  |
| <input type="checkbox"/> | 4. A copy of my marriage certificate (should you wish to be register in your married surname).   |
| <input type="checkbox"/> | 5. Registration fee: <b>R3629.00</b> . Annual Fee: <b>R3178.00</b> applicable from the period <b>1 April 2024 to 31 March 2025</b> . Banking details as on the website ( <b>Registration number as deposit reference</b> ) <b>Please attach proof of payment</b> |
| <input type="checkbox"/> | 6. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health  |

**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.**