

Form 24 GC

Counsellor.

MEDICAL AND DENTAL PROFESSIONS BOARD APPLICATION FOR REGISTRATION

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 or 553 Madiba Street, Arcadia, Pretoria 0083 by

regist	tered n	nail or c	ourier f	or eas	e of tr	ackir	ng m	nail.									
A.	PE	ERSONA	L PAR	TICULA	ARS												
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* Race	e:	Africa	n Asia		ian	n		Coloure	d	Indian				White			
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В	T⊦ ¬	IE FOLL	OWING	IS SU	BMIT	TED I	IN S	UPPORT	OF N	/IY AF	PPLICAT	ION:	:				
	1.	My original masters degree certificate 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 Form 23 duly complete). Copies certified by a Commissioner of Oaths will not be accepted.															
	2.	My cur	riculum	vitae (only if	not re	egis	tered as a	n inte	ern).							
	3.		Documentary proof of at least two years' internship training in an HPCSA accredited training facility (Form 36 GC) and successful completion of Board approved assessment.														
	4.	А сору	opy of my identity document or birth certificate (for first time registration).														
	5.	А сору	py of my marriage certificate (should you wish to be register in your married surname).														
	6.	А сору	by of my registration certificate as an intern with the HPCSA.														
	7.		tration fee: R1951.00 Annual Fee: R1790.00 applicable from the period 1 April 2023 to 31 March 2024. Banking details as on ebsite (Registration number as deposit reference) Please attach proof of payment														
	8. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health																
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	applica	ant, and I	declar	e that h	is/her	healt	th is	such that	it wo	uld no	ot be detr	imer	nta	al to patients or	to him/h	erself	to practice the profession of Genetic

(NO AL	TERATIONS TO THIS SECTION WILL BE AC	CEPTED)							
D. CERTIFICATE OF CHARACTER									
I, (full Names): working as (Medical Practitioner, Minister of Religion, Magistrate or other responsible person) certify that the									
SIGNATURE:	DATE:	20							
*Please complete for statistical purpos	es								
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.									

Updated/MM/ applicable from the period 1 April 2023 to 31 March 2024