

APPLICATION FOR REGISTRATION

INDEPENDENT PRACTICE

Form 27

NON COMPLANT APPLICATION WITH, DER REJEGYTED AND SENT BACK TO YOU! Please PRINT and return the OxIGINAN. FORM to 0: The Registrar, PO Box 200, Previorla 0001 [Dy registered mail or courier for dass of tracking mail 553 Mail. Street, Aradia, Pretoria 0083 A. PERSONAL PARTICULARS HPCSA Registration Number: [] [0.h], Mrs, Miss) Surname: Maiden name (if applicable): [] First names: Postal code: Residential address: Postal code: Residential address: Postal code: Tel (H): (W): Cell: Fax: Email: Postal code: * Race: Atrican Asian Coloured Indian White Country of Origin: SIGNATURE: Date: 20 Interact To Y MisSECTION WILLENOT DEACCEPTED EstateAtrions To Y MisSECTION WILLENOT DEACCEPTED B. DECLARATION Category (if applicable) That hoche complied with the requirements of community service as determined by the Department of Health and that his/her service was satisfactory. SIGNATURE: Date:	Please PRINT and return the ORIGINAL FORM to: The Registrary, PO Box 205, Protoria 0001 [byrgotistored mail or courier for ease of tracking mail] A PERSONAL PARTICULARS HPCSA Registration Number: L, (Dr, Mr, Mis, Miss) Sumame: Maiden arms (if applicable): First names: Identity No.: Postal address: Postal code: Residential address: Postal code: Cell Fax: Email: * *Marital Status: Married Signal: Coloured It is harried Single Divorced Gender Marital Status: Married Signal: Coloured It is harrey certified that: (Dr, Mr, Mrs, Miss): This Signified Signal: To: as a Category (if applicable) That he/she complied with the requirements of community service as determined by the Department of Health and that his/her service was safeatory. SiGMATURE: Date: SiGMATURE: Date: C. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:	FOI	m Z 7						
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2. A copy of my identity document or birth certificate.									
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 A copy of my registration certificate stating that I was registered in the category public service (community service) with the Health Professions Council of South Africa. 									
4. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health.		lth.							
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