

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

A. PERSONAL PARTICULARS

I, (Mr, Ms, ___) _____ 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: Divorced Married Single Gender: Male Female

* Race: Asian African Coloured White Country of origin: _____

holds the qualification _____ obtained (date) _____
at (institution) _____

and hereby apply to be registered as an Arts Therapy Intern in Drama and declare that I am the person mentioned in the attached documents and that these documents were granted to me and are my own lawful property. I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, no proceedings of misconduct is pending against me in any country at present.

SIGNATURE: _____ **Date:** _____ **20** _____

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

1 Form 26A AT duly completed

2 A letter from the accredited Drama Therapy Supervisor, stating that he/she is willing to act as supervisor for the intern and stating the period of the internship involved and a letter from the Head of Department of the supervising University confirming the final submission of the intern's research report. The letter must indicate that the department will ensure that the training is undertaken in accordance with the approved Internship programme.

3 Current registration fee of R294.00. Please attach proof of payment

4 A copy of my identity document or birth certificate.

A copy of my marriage certificate (should you wish to register in your married surname).

C. To be completed by the University

NAME OF THE UNIVERSITY: _____

It is hereby confirmed that _____

Complied with all the requirements for the degree _____ of this institution on _____

and that this qualification will be conferred at a graduation ceremony on _____

WE RECOMMEND him/her for registration

**ORIGINAL DATE STAMP OF
UNIVERSITY**

SIGNATURE: REGISTRAR / PRINCIPAL

DATE

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.