

APPLICATION FOR REGISTRATION STUDENT OCCUPATIONAL THERAPIST

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

A. PERSONAL PARTICULARS

I, (Mr, Mrs, Miss) _____ 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 student in
(kindly indicate profession)

SIGNATURE: **Date:** **20**.....

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

- | | |
|--|---|
| | 1. A copy of my identity document or birth certificate. |
| | 2. A copy of my marriage certificate (should you wish to be register in your married surname). |
| | 3. Registration fee: R271.00 applicable for the period 1 April 2024 to 31 March 2025. Banking details as on the website (Registration number as deposit reference) <u>Please attach proof of payment.</u> |
| | 4. Penalty fees, per month or part thereof, for the late submission of an application for registration R131.00 |
| | 5. Section C duly completed. |

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

C. TO BE COMPLETED BY THE TRAINING INSTIITUTION

Name of training institution

Date of enrollment (day) (month) 20..... (year) in the (first, second, etc) year of study.

<p>_____ SIGNATURE: REGISTRAR ACADEIC/HEAD OF DEPARTMENT _____ DATE</p>	<p>ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION</p>
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*** Please complete for statistical purposes.**
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.