



THE PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTISTS & PROSTHETISTS AND ARTS THERAPY

Form 26A AT

PLACEMENT OF ARTS THERAPY INTERN IN DRAMA

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
553 Madiba Street, Arcadia, Pretoria 0083

A. ISSUED BY:

Name of University:

Contact person:

Contact Details:

B. DECLARATION:

It is hereby certified that (Mr/Ms/___):

Candidate's full names and surname:

Student Number:

has successfully completed the (Specify qualification)
at this institution on/in 20..... and that he/she completed all academic and practical training requirements as set out in the curriculum for the education and training of Drama Therapy at this University as prescribed by the Professional Board.

C. PLACEMENT:

You will hereby be supervised by the following Drama Therapist who has been accredited by the Professional Board for Occupational Therapy, Medical Orthotics & Prosthetics and Arts Therapy:

Name:..... Contact Details:.....

In terms of the policy of the Board the internship of twelve months will commence on 20.....

Registration number with HPCSA:

Signature: Head of Department

Name: (Please Print)

Date:

ORIGINAL OFFICIAL DATE STAMP OF UNIVERSITY

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.