

**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 | 1. A copy of my identity document or birth certificate.   |
| 2 | 2. A copy of my marriage certificate (should you wish to be register in your married surname).  |
| 3 | 3. Registration fee: <b>R266.00 applicable for the period 1 April 2023 to 31 March 2024.</b> Banking details as on the website (Registration number as deposit reference) <b><u>Please attach proof of payment.</u></b> |
| 4 | 4. Penalty fees, per month or part thereof, for the late submission of an application for registration <b>R128.00</b>   |
| 5 | 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.

\_\_\_\_\_  
**SIGNATURE: REGISTRAR ACADEIC/HEAD OF DEPARTMENT** **DATE**

**ORIGINAL OFFICIAL DATE STAMP OF  
INSTITUTION**

\* 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.**