



Form 24 BK

PROFESSIONAL BOARD FOR PHYSIOTHERAPY,
PODIATRY AND BIOKINETICS

APPLICATION FOR REGISTRATION

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. PERSONAL PARTICULARS

HPCSA Registration Number: \_\_\_\_\_

I, (Dr, 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: Divorced Married Single Gender: Male Female

\* Race: Asian African Coloured White Country of origin: \_\_\_\_\_

\* Please complete for statistical purposes.

hereby make oath and declare that I am the person mentioned in the attached documents submitted by me in support of my application for registration as a \_\_\_\_\_ in \_\_\_\_\_ and that all the said documents were granted to me and are my own lawful property; and further that I have never been debarred from practicing in any country by reason of misdemeanor or professional misconduct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_\_\_\_

SWORN BEFORE ME AT: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

ORIGINAL OFFICIAL STAMP OF COMMISSIONER OF OATHS

SIGNATURE: \_\_\_\_\_

COMMISSIONER OF OATHS/JUSTICE OF PEACE for the district of \_\_\_\_\_

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

- 1. My original degree (a copy will only be accepted if certified by an attorney in his/her capacity as Notary Public and bearing the official stamp, OR Form 23, duly completed.) Copies certified by a Commissioner of Oaths will not be accepted.
2. Registration fee: R890.00 Annual Fee: R1781.00 applicable from the period 1 April 2024 to 31 March 2025. Banking details as on the website (Registration number as deposit reference) Please attach proof of payment
3. A copy of my identity document or birth certificate
4. A copy of my marriage certificate (should you wish to register in your married surname).
5. A copy of my registration certificate as a student with the Health Professions Council of South Africa.
6. Original internship evaluation form completed by the South African Association for Biokinetics.

I certify that the application meets the requirements as outlined in section B and that I have verified the application:

Registration Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ 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.