

## PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS

## APPLICATION FOR REGISTRATION

## **BIOKINETICIST IN TRAINING**

## 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

NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED	
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: Single Married Divorced Gender: Male Female	
* Race: Asian African Coloured White Country of origin:	
hereby apply to be registered as a <b>Biokineticist in Training</b> . I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.	
SIGNATURE: Date: 20	
B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:	
1. My original Bachelors degree certificate (a copy will only be accepted if certified by an attorney in his/her capacing the official stamp.) Copies certified by a Commissioner of Oaths will not be accepted.	ity as <u>Notary</u>
2. Form 23, duly completed.	
3. Registration fee: R297.00 applicable for the period 1 April 2024 to 31 March 2025. Banking details as on to (Identity number as deposit reference) Please attach proof of payment.	ne website
4. A copy of my identity document or birth certificate.	
5. Penalty fees, per month or part thereof, for the late submission of an application for registration <b>R143.00</b>	
6. A copy of my marriage certificate (should you wish to register in your married surname).	
C. TO BE COMPLETED BY THE UNIVERSITY ORIGINAL OFFICE	CIAL DATE
NAME OF UNIVERSITY	
It is hereby certified that	
Enrolled for the honours degree in biokinetics: on	
In the (first, second, etc.) year of study	
SIGNATUREDATE	
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.