

**REGISTERED COUNSELLOR**

Please use block letters and e-mail to [psychexams@hpcsa.co.za](mailto:psychexams@hpcsa.co.za)

**FOR  
OFFICE  
USE ONLY**

**NB: THIS FORM HAS TO BE DULY COMPLETED BY THE CANDIDATE AND UNIVERSITY**

**A. PERSONAL PARTICULARS**

(Dr, Mr, Mrs, Miss) Title:..... Surname:.....

Maiden Name (if applicable):.....

Registration number: SRC..... /..... PRC.....

First Names: ..... Identity No.....

Cell: .....(alternative number): .....

Email: .....

Gender:  Female  Male  Other

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

\*for statistical purpose only

Exam attempts:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

**Select Venue**

<input type="checkbox"/> Cape Town	<input type="checkbox"/> Gqeberha	<input type="checkbox"/> Bloemfontein	<input type="checkbox"/> Durban	<input type="checkbox"/> Pretoria	<input type="checkbox"/> Johannesburg
<input type="checkbox"/> Polokwane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT SIGNATURE.....Date .....20 .....

Verified

Date

Prepared

Date

Verified

Date

Bank details:

HPCSA  
Absa Bank,  
Arcadia,  
Pretoria  
Branch  
code:  
33049-45  
Account  
number:  
061 00 00 169

**B. The following is submitted in support of my application:**

1. a copy of the 4-year Bachelor's in psychology Degree (or B. Psych equivalent) certified by a **Notary Public** and bearing the official stamp. Copies certified by a Commissioner of Oaths **will not be accepted**

2. **Proof of payment of the examination fee of R1 627,00**

**NB: ALL THE SECTIONS ON THIS FORM MUST BE FULLY COMPLETED AND ATTACH PROOF OF PAYMENT FOR THE EXAMINATION FEE, FAILURE TO COMPLY THE APPLICATION FORM WILL NOT BE PROCESSED**

3. A recently certified copy of my identity document or passport

**C. TO BE COMPLETED BY THE UNIVERSITY**

NAME OF UNIVERSITY .....

it is hereby certified that ..... complied with all the requirements

for the degree ..... of this institution on .....

and that this qualification will be conferred/issued at a graduation ceremony on .....

Successfully completed 6 months practicum from ..... to .....

We confirm that ..... is qualified to enter for the National Board examination for **Registered Counsellor**

**Head: Department/School of Psychology**

Name and Surname .....

**OFFICIAL DATE STAMP OF  
PSYCHOLOGY  
DEPARTMENT/SCHOOL OF  
PSYCHOLOGY**

.....  
SIGNATURE: Head: Department of Psychology

.....  
DATE:

**REGISTRAR:**

Name and Surname: .....

.....  
SIGNATURE: REGISTRAR

.....  
DATE:

**Updated: 15 Feb 2024**