

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

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

**A. PERSONAL PARTICULARS**

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

Registration Number: **PSIN**.....**OR**.....**PS**.....

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

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

Postal Address.....

.....Post Code: .....

Cell..... Alternative Cell:.....

.Email:.....

hereby apply to write the examination for psychologists in:

February	June	October
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in the registration category:

Clinical psychology	Counselling psychology	Educational psychology	Industrial psychology	Research psychology	Neuropsychology
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**Select Venue:**

Cape Town	Gqeberha	Bloemfontein	Durban	Pretoria	Johannesburg
Polokwane					

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

**B. Proof of payment of the examination fee of R3 244,00 is submitted herewith**

**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**

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

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

**NAME OF UNIVERSITY**.....

It is hereby confirmed that .....has **passed**

her/his Master's dissertation on.....20.....

**Head: Department/School of Psychology**

Name and Surname: .....

.....

**SIGNATURE:** ..... **DATE** .....

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

**D. TO BE COMPLETED BY THE SUPERVISING PSYCHOLOGIST**

Name of Internship site....., **if site is not accredited the applicant must submit an approval letter of tailored internship programme.** I,.....

hereby confirm that.....will successfully complete her/his internship on.....20.....

.....  
SIGNATURE : **SUPERVISING PSYCHOLOGIST**

DATE:.....20.....

**E. TO BE COMPLETED BY THE CANDIDATE**

I .....declare the above information to be true and I will be held liable for any violation of the Examination Policy and Board requirements.

**(ATTACH RECENTLY CERTIFIED COPY OF ID)**

**G. CANDIDATES WITH DISABILITIES**

Candidates with special needs should ensure that a request for special accommodations accompany this application form.

**Update: 15 February 2024**