



Form 26PSIN

PROFESSIONAL BOARD FOR PSYCHOLOGY
APPLICATION FOR REGISTRATION
INTERN – PSYCHOLOGISTS

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, Prof, 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:

hereby apply for registration as an intern psychologist in the category (Please tick only the relevant category):

Industrial Clinical Research Educational Counselling psychology

SIGNATURE: Date: 20

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

- 1. My original honours bachelors degree certificate (a copy will only be accepted if certified by an attorney in his/her capacity as Notary Public and bearing the official stamp.) Copies certified by a Commissioner of Oaths will not be accepted.
1.1 Official letter from the University confirming that you have successfully passed an examination at the end of the first year of your Masters study confirming the category (i.e. counselling of the recognised directed Masters degree course for which I enrolled confirmed by the Head of Department of Psychology and Registrar Academic.)
1.2 A copy of my Masters degree certificate (where applicable certified as in 1 above) or Form 23, duly completed.
2. An original academic record issued by the University where my degree was obtained (if Psychology is not indicated as the field of study on the original degree certificate/Form 23).
3. Registration fee: R336.00 Annual Fee: R878.00 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
4. A copy of my identity document or birth certificate.
5. A copy of my marriage certificate (should you wish to register in your married surname).
6. A copy of my certificate as a student with the Health Professions Council of South Africa
7. A detailed internship programme compiled according to a time schedule (weekly basis) indicating the percentage of time allocated towards each activity, the client spectrum as well as the different psychological tests which will be used in the case of training institution not being accredited by the Professional Board for training of intern psychologists. Please attach a copy of the proof of payment
8. A letter from the supervising senior psychologist, registered in the same category, wherein it is confirmed that he/she would be willing to act as a supervisor for the duration of the internship.
8.1 A letter from the training institution consenting to accommodate the candidate as intern for the duration of the internship.
8.2 A letter from the supervisor of the Department of Psychology of the University agreeing to act as such for the duration of the internship.

Please note that these letters serve to safeguard the position of the intern psychologist and also ensure that the minimum training criteria is met.

\*\* A senior psychologist is a person registered with the Professional Board in the relevant category for a period of at least three years.

\*\* In order to act as supervisor University, the University must offer recognised Masters training in the applicable category.

I hereby declare that I have taken note of Section B of this application form, and that I have complied with the requirements stated therein. Furthermore, My internship programme has been approved / submitted for approval by the Professional Board.

SIGNATURE: DATE: 20

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.