

**PROFESSIONAL BOARD FOR PSYCHOLOGY  
APPLICATION FOR REGISTRATION  
PSYCHOLOGIST**

**Form 24 PS**

**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 intern Registration Number: \_\_\_\_\_

I, (Mr, Mrs, \_\_\_\_\_ Surname: \_\_\_\_\_  
Miss) \_\_\_\_\_

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 a psychologist in the category **(Please tick only one)**:

Counselling  Clinical  Education  Industrial  Research  Neuropsychology

I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, 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:** \_\_\_\_\_

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

- 1a My original masters degree certificate in psychology (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. OR**
- 1b Form 23, duly completed (only if degree has not been conferred); Section C to be duly completed by the University.
- 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. The original intern duty certificate (Form 27 PSY) duly completed.
- 4. Registration fee: **R1648.00** Annual Fee: **R2509.00** applicable from the period **1 April 2023 to 31 March 2024**. Banking details as on the website (**Registration number as deposit reference**) **Please attach proof of payment**
- 5. Copy of letter of passing Board Examination.
- 6. A copy of my identity document or birth certificate.
- 7. A copy of my marriage certificate (should you wish to register in your married surname).
- 8. A copy of my registration certificate as an intern psychologist with the Health Professions Council of South Africa

\* Please complete for statistical purposes.

**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.**