



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...
1.1 Official letter from the University...
1.2 A copy of my Masters degree certificate...
2. An original academic record...
3. Registration fee: R329.00 Annual Fee: R861.00...
4. A copy of my identity document...
5. A copy of my marriage certificate...
6. A copy of my certificate as a student...
7. A detailed internship programme...
8. A letter from the supervising senior psychologist...
8.1 A letter from the training institution...
8.2 A letter from the supervisor of the Department of Psychology...

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.