

## **APPLICATION FOR REGISTRATION**

## **INDEPENDENT PRACTICE**

Form 27

## 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 or courier for ease of tracking mail. 553 Madiba Street, Arcadia, Pretoria 0083

A. P	ERSON	AL PAR	TICULAR	S									
HPCSA Registration Number:													
I, (Dr, Mr, I	Mrs, Miss	3	Surname:										
Maiden name (if applicable):													
First names: Identity No.:													
Postal address:													
	Postal code:												
Residentia	l address	3:											
Postal code:												de:	
Tel (H):	el (H):(W):												
Cell: Fax:													
Email:													
*Marital Status:		Marrie	ed	d Single		Divo		vorced	_	Gender	М	F	
* Race:	African Asian		Coloured				Indian White			Country of Origin:			
SIGNATURE:													
				ALT	ERATIO	VS T	) TH	IIS SECTION	WIL	L NOT BE ACC	EPTED		
B. DECLARATION													
It is herey certified that: (Dr, Mr, Mrs, Miss):													
was employed at this (name and address of institution):													
From:	From:To:												
as a													
That he/she complied with the requirements of community service as determined by the Department of Health and that his/her service was satisfactory.													
SIGNATURE: Head of Department/Directorate												OFFICIAL STAMP OF INSTITUTION	
SIGNATURE	epartmen	е	Name: Please print										
Designation:													
Tel: Date:													
SIGNATURE	Medical S	Superinten	ident/Head	of Institu	ution	ı	Nam	e: Please print					
Designation:				.,,,,,,,,,,	,,,,,,,,,,,,,	,,,,,,,,,	,,,,,,,	,,,,,					
Tel:													
В. Т	HF FOLI	OWING	S IS SUBI	ИІТТЕ	D IN SU	PPO	RT	OF MY APP	LIC	ATION:			
2.	A copy of my marriage certificate (should you wish to register in your married surname).  A copy of my identity decument or hirth certificate.												
3.	3. A copy of my registration certificate stating that I was registered in the category public service (community service) with the Health Professions Council of South Africa.												
4. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health.													
* Please co	mplete fo	r statisti	cal purpos	ses.				·					