

**APPLICATION TO WRITE THE NATIONAL BOARD EXAMINATION
PROFESSIONAL BOARD FOR PSYCHOLOGY
REGISTERED COUNSELLOR**

Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001
553 Vermeulen Street, Arcadia, Pretoria, 0083

**FOR
OFFICE
USE ONLY**

NB: THIS FORM HAS TO BE DULY COMPLETED BY THE CANDIDATE AND UNIVERSITY

A. PERSONAL PARTICULARS

(Dr, Mr, Mrs, Miss) Surname:.....

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

Registration number: SRC.....

First Names: Identity No.....

Postal Address:

.....Post Code:

Residential Address:

.....Post Code:

Tel (H):(W):

Cell:Fax:

Email:

Marital Status: Divorced Married Single Gender: Male Female

*Race: Asian African Coloured White Country of origin:

SIGNATURE.....Date20

Verified
.....
Date
.....
Prepared
.....
Date
.....
Verified
.....
Date
.....

Bank details:

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

B. The following is submitted in support of my application:

- 1. a copy of the 4 year bachelor in psychology degree certificate (B. Psych or equivalent degree) certified by a **Notary Public** and bearing the official stamp. Copies certified by a Commissioner of Oaths will not be accepted
- 2. **Proof of payment of the examination fee of R1 570,00**
NB: YOUR APPLICATION FOR THE EXAMINATION WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT OF THE EXAMINATION FEE
- 3. A certified copy of my identity document or birth certificate;
- 4. A certified copy of my marriage certificate (should you wish to register in your married surname)

C. TO BE COMPLETED BY THE UNIVERSITY

NAME OF UNIVERSITY

it is hereby certified that complied with all the requirements

for the degree Of this institution on

and that this qualification will be conferred/issued at a graduation ceremony on

Successfully completed **6 months practicum** from to

We confirm that is qualified to enter for the National Board examination for **Registered Counsellor**

SIGNATURE: Head: Department of Psychology DATE:

SIGNATURE: REGISTRAR DATE:

**OFFICIAL DATE STAMP OF
INSTITUTION**

***PLEASE COMPLETE FOR STATISTICAL PURPOSES**