

Please use block letters and e-mail to psychexams@hpcsa.co.za

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

A. PERSONAL PARTICULARS

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

Registration Number: PS..... PSIN.....

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

First Names: Identity No.....

Postal Address.....

.....Post Code:

Residential Address:.....Post Code:

Tel (H): (W):.....Cell:.....Fax:.....

.Email:.....

hereby apply to write the examination for psychologists in:

February	June	October
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in the registration category:

Clinical psychology		Counselling psychology		Educational psychology		Industrial psychology		Research psychology		Neuropsychology	
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✍️ SIGNATURE.....Date20

B. Proof of payment of the examination fee of R3 120,00 is submitted herewith

NB: YOUR APPLICATION FOR THE EXAMINATION WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT OF THE EXAMINATION FEE

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

C. TO BE COMPLETED BY THE UNIVERSITY

NAME OF UNIVERSITY.....

It is hereby confirmed thathas passed

her/his Master's dissertation on.....20.....

.....
SIGNATURE: Head : Department/School of Psychology DATE

**OFFICIAL DATE STAMP OF
INSTITUTION**

D. TO BE COMPLETED BY THE SUPERVISING PSYCHOLOGIST

Name of Internship site....., if site is not accredited the

applicant must submit an approval letter of tailored internship programme. I,.....

hereby confirm that.....will successfully complete her/his internship

on.....20.....

..... DATE:.....201.....

SIGNATURE : SUPERVISING PSYCHOLOGIST

E. TO BE COMPLETED BY THE CANDIDATE

Ideclare the above information to be true and I will be held liable for any violation of the Examination Policy and Board requirements.

F. CANDIDATES WITH DISABILITIES

Candidates with special needs should ensure that a request for special accommodations accompany this application form.

Update: February 2021