Health Professions Council of South Africa

Form 27

APPLICATION FOR REGISTRATION

INDEPENDENT PRACTICE

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. PERSONAL PARTICULARS

HPCSA Registration Number: .....

I, (Dr, 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: Married | Single | Divorced Gender M | F

* Race: African | Asian | Coloured | Indian | White Country of Origin: .....

SIGNATURE: .....**Date:** **20**

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

B. DECLARATION

It is herey certified that: (Dr, Mr, Mrs, Miss): .....

was employed at this (name and address of institution): .....

.....

From: .....To: .....

as a ..... Category (if applicable).....

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 **Name: Please print**

Designation: .....

Tel: ..... **Date:** .....

....

SIGNATURE: Medical Superintendent/Head of Institution **Name: Please print**

Designation: .....

Tel: ..... **Date:** .....

OFFICIAL STAMP OF INSTITUTION

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

☐	1. A copy of my marriage certificate (should you wish to register in your married surname).
☐	2. A copy of my identity document or birth certificate.
☐	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 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.