

**Form 26 ATIN**

***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, 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: \_\_\_\_\_

Hold the qualification ..... obtained (date).....20.....  
at (institution).....

Hereby apply to register as an Art Therapy Intern in Drama, and declare that I am the person

referred to in the certificate below. Further, I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **20** \_\_\_\_\_

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

1. Form 26A AT duly completed
2. A letter from the accredited Drama Therapy Supervisor, stating that he/she is willing to act as supervisor for the intern and stating the period of the internship involved and a letter from the Head of Department of the supervising University confirming the final submission of the intern's research report. The letter must indicate that the department will ensure that the training is undertaken in accordance with the approved Internship programme.
2. Registration fee: **R270.00** applicable from the period **1 April 2021 to 31 March 2022**. Banking details as on the website (**Registration number as deposit reference**) Please attach proof of payment
3. A copy of my identity document or birth certificate.
4. A copy of my marriage certificate (should you wish to register in your married surname).

**C. To be completed by the University**

NAME OF THE UNIVERSITY.....  
It is hereby confirmed that .....

Complied with all the requirements for the degree..... of this institution on.....

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

<p><b>WE RECOMMEND him/her for registration</b></p> <p>.....</p> <p><b>SIGNATURE: REGISTRAR / PRINCIPAL      DATE</b></p>	<p>ORIGINAL DATE STAMP OF UNIVERSITY</p>
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