



Form 26 BKIN

PROFESSIONAL BOARD FOR PHYSIOTHERAPY,
PODIATRY AND BIKINETICS
APPLICATION FOR REGISTRATION AS AN INTERN
BIKINETICIST

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:

hereby apply to register as
and declare that I am the person referred to in the attached certificate or qualification referred to below. I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, 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. Registration fee: R300.00 Annual Fee: R1620.00 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
2. A copy of my identity document or birth certificate.
3. A copy of my marriage certificate (should you wish to register in your married surname).
4. A copy of my registration certificate as a student with the Health Professions Council of South Africa.
5. A letter from the supervising biokineticist, stating that he/she is willing to act as supervisor for the intern and stating the period of internship involved;
6. A letter from the Head of the training institution indicating that the intern will be accommodated for the full duration of the internship as well as the exact period of the internship;
7. A letter from the Head of Department of the supervising university stating that the university will act as a supervising university and that the Department will ensure that the training is undertaken in accordance with the approved internship programme.

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

C. TO BE COMPLETED BY THE UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE

Name of University/University of Technology/College:
It is hereby certified that complied with all the requirements for the Degree/Diploma/Certificate of this institution on (day) (month) (year) and that this qualification will be conferred/issued at a graduation ceremony on (day) (month) (year).
I consider him/her to be a competent and fit person to practice as a

WE RECOMMEND him/her for registration ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION
SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD DATE
SIGNATURE: REGISTRAR/PRINCIPAL DATE

* 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.
Updated/MM/MARCH 2021