

**PROFESSIONAL BOARD FOR PHYSIOTHERAPY,  
PODIATRY AND BIKINETICS**  
**APPLICATION FOR REGISTRATION**  
**BIOKINETICIST IN TRAINING**

**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

**NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED**

**A. PERSONAL PARTICULARS**

I, (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:  Single  Married  Divorced Gender:  Male  Female

\* Race:  Asian  African  Coloured  White Country of origin: \_\_\_\_\_

hereby apply to be registered as a **Biokineticist in Training**. 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. My original Bachelors degree certificate (a copy will only be accepted if certified by an attorney in his/her capacity as <b><u>Notary Public</u></b> and bearing the official stamp.) Copies certified by a Commissioner of Oaths <b><u>will not be accepted.</u></b> |
|  | 2. Form 23, duly completed.   |
|  | 3. Current registration fee <b>R270.00</b> Please attach a copy of the proof of payment.  |
|  | 4. A copy of my identity document or birth certificate.   |
|  | 5. An additional fee in respect of each month or part of a month which my application is submitted later than four months after date of registration at the Training Educational Institution <b>R130.00</b>   |
|  | 6. A 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 .....

Enrolled for the honours degree in biokinetics: on .....20

In the (first, second, etc.) ..... year of study

SIGNATURE .....DATE .....

**ORIGINAL OFFICIAL DATE  
STAMP OF UNIVERSITY**

***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.***