

# 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 hereby 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.**