

**APPLICATION FOR REGISTRATION  
STUDENT  
DENTAL THERAPIST**

**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**

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:  Married  Single  Divorced      Gender  M  F

\* Race:  African  Asian  Coloured  Indian  White      Country of Origin: \_\_\_\_\_

hereby apply to register as a student in \_\_\_\_\_  
**(kindly indicate profession)**

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

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

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 1. A copy of my identity document or birth certificate.   |
| <input type="checkbox"/> | 2. A copy of my marriage certificate (should you wish to be register in your married surname).  |
| <input type="checkbox"/> | 3. Registration fee: <b>R297.00 applicable for the period 1 April 2022 to 31 March 2023.</b> Banking details as on the website <b>(Registration number as deposit reference) <u>Please attach proof of payment.</u></b> |
| <input type="checkbox"/> | 4. Penalty fees, per month or part thereof, for the late submission of an application for registration <b>R128.00</b>   |
| <input type="checkbox"/> | 5. Section C duly completed.  |

**ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED**

**C. TO BE COMPLETED BY THE TRAINING INSTIITUTION**

Name of training institution \_\_\_\_\_

Date of enrollment ..... (day) ..... (month) 20..... (year) in the (first, second, etc) ..... year of study.

<p>_____ <b>SIGNATURE: REGISTRAR ACADEIC/HEAD OF DEPARTMENT      DATE</b></p>	<p><b>ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION</b></p>
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\* 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.**