



PROFESSIONAL BOARD FOR PSYCHOLOGY
APPLICATION FOR REGISTRATION
REGISTERED COUNSELLOR

Form 24 RC

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

Reference 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:

hereby apply to register as a Registered Counsellor in the practice field/s:

Career counselling Community Mental Health HIV/AIDS Family counselling
HR counselling Pastoral counselling School counselling Trauma counselling
Sport counselling Employee well-being

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. My original 4 year bachelor (degree/certificate) in psychology...
2. Form 23, duly completed...
3. My original academic record...
4. Registration fee: R1074.00 Annual Fee: R1262.00...
5. A copy of my identity document or birth certificate.
6. A copy of my marriage certificate...
7. A letter confirming that I passed the National Examination of the Board.

* 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.