



PROFESSIONAL BOARD FOR SPEECH, LANGUAGE AND HEARING PROFESSIONS

Form 23 A SLH CHANGE OF CATEGORY

APPLICATION FOR REGISTRATION – INDEPENDENT PRACTICE CHANGE OF CATEGORY

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and return the ORIGINAL FORM to: The Registrar, PO Box 205, Pretoria 0001 553 Vermeulen Street, Arcadia, Pretoria 0083

FOR OFFICE USE ONLY

A. PERSONAL PARTICULARS

HPCSA Registration Number:

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:

Divorced

Married

Single

Gender:

Male

Female

* Race:

Asian

African

Coloured

White

Country of origin:

Hereby apply to register in the category:

Audiologist

Speech Therapist

Speech Therapist and Audiologist

I declare that I am the person referred to in the certificate 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

I further accept that my application could be delayed should the form be incomplete and/or the relevant documents not be submitted herewith.

SIGNATURE:

Date:

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B. The following is submitted in support of my application:

- 1. A copy of my identity document or birth certificate.
2. A copy of my marriage certificate (should you wish to register in your married surname).
3. A copy of my registration certificate with the Health Professions Council of South Africa.
4. Current registration fee, plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300.

Received on

Amount

Receipt No.

Reg. Date

VERIFIED

DATE

CAPTURED

DATE

VERIFIED

DATE

5. A written request to voluntary erasure from the current registered category.

*** 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.

GA/12-2012