



MEDICAL AND DENTAL PROFESSIONS BOARD

**APPLICATION FOR REGISTRATION
CERTIFICATE OF GENETIC COUNSELLOR
INTERN TRAINING**

FORM 36 GC

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**

GCIN.....
Date of commencement of
internship:

A. ISSUED BY

Name of training institution:
Full postal address: Code:
Telephone No. (of Supervisor): Fax:
Cellular: Email:

B. DECLARATION

I, Registration Number GC/MP:
Registration date: the undersigned, do hereby certify that:
(Mr, Mrs, Ms):
has worked at the (name of institution):
in the department of
In a full-time capacity as a (position held)
from: to:

I consider him/her to be a competent and fit person to practice as a genetic counsellor.

1
SIGNATURE: Supervising Genetic Counsellor **Name: Please print**

Post Held:
Date: 20

2
SIGNATURE: Head of the Training Facility **Name: Please print**

Date: 20

3
SIGNATURE: Head of Department of the Collaborating University **Name: Please print**
(Only applicable to non-university based training facility)

Date: 20

Return the duly completed form together with Form 24 GC to the above address.

***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.