

A NON COMPLIANT AND INCOMPLETE APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please **PRINT** and return the **ORIGINAL FORM** to: **by registered mail for ease of tracking mail**
The Registrar, The Professional Board for Physiotherapy, Podiatry and Biokinetics,
PO Box 205, Pretoria 0001
553 Madiba Street, Arcadia, Pretoria 0083

DECLARATION

HPCSA Registration Number: _____

It is hereby certified that (Dr, Mr/Mrs/Miss*): _____ Surname: _____

First names: _____

Underwent training as an intern biokineticist during the period/s.....20.....to.....20.....
and from.....20.....to.....20.....

as set out in the guidelines regarding intern Biokineticists and training of intern Biokineticists; and that his/her service was

Name of intern training institution: _____

Full postal address: _____ Code: _____

Telephone No.: _____ Fax: _____

Cellular: _____ Email: _____

The Biokineticist(s) complete Addendum A for the intern

NB: If the internship is conducted at different accredited practices a separate Form 27BK and Addendum A must be completed by each supervising Biokineticist.

SIGNATURE: Supervising Biokineticist

Name: Please print

Date: _____ 20 _____

Note: This application form should be submitted in addition to Form 24 BK, further documentation and the registration fee. **Registration fees are adjusted annually.**

Note: **NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED**

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.

Addendum A: EVALUATION OF INTERN

(Completed form to be submitted by the intern to the HPCSA)

DETAILS OF INTERN

Name of Intern:.....

Postal Address:.....

.....

Telephone numbers:.....

E-mail:

DETAILS OF SUPERVISOR(S)

Name of supervisor:.....

Practice name/institute:.....

Postal Address:.....

Telephone numbers:.....

E-mail:.....

BK (HPCSA) Registration Number:.....

Practice Number:.....

GENERAL INFORMATION

First evaluation date:.....Second evaluation date:.....

KEY FOR EVALUATION

Please indicate with an "X"

The following divisions serve as guidelines for the evaluation of the capabilities and knowledge of the intern in the practice:

AREAS OF EVALUATION

• Facility / Equipment Utilization

Evaluation dates	Evaluation 1			Evaluation 2		
	Poor	Average	Good	Poor	Average	Good
Equipment maintenance						
Lay out of equipment						
Space utilization						
Cleanliness/ appearance						
Handling of equipment, storage & safety						

Recommendations:.....

.....

• **Administrative Competence**

	Evaluation 1			Evaluation 2		
Evaluation dates						
	Poor	Average	Good	Poor	Average	Good
Compilation of Patient Records						
Filing and Record Keeping						
Computer Proficiency						
Report Compilation and Writing						
Oral Communication Skills						
Practice Management						

Recommendations:.....

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• **Basic Knowledge**

	Evaluation 1			Evaluation 2		
Evaluation dates						
	Poor	Average	Good	Poor	Average	Good
Safety Precautions / Emergency Plan						
First Aid						
CPR						
Pharmacological agents						
Special populations						
Applied anatomy & physiology						

Recommendations:.....

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• **Ethics & Conduct**

	Evaluation 1			Evaluation 2		
Evaluation dates						
	Poor	Average	Good	Poor	Average	Good
Ethical Code						
Patient Interaction						
Collegial Relationships						
Privacy						
Professionalism						
Punctuality						
Dress Code						

Recommendations:.....

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EXPERIENCE

• **Preventative Medicine – Group Counseling**

	Recommend- ed cases	Eval 1	Eval 2	Total
Education on cardiac risk factors	50			
Education on orthopaedic risk factors	50			
Other health awareness talks	50			

Recommendations:.....

.....

• **Evaluation & Assessment**

	Recommend- ed cases	Eval 1	Eval 2	Total
Screening for contra-indications for exercise	25			
Screening for coronary risk factors	15			
Obese individuals	15			
Ankle/foot	5			
Knee	5			
Hip	3			
Back	5			
Shoulder	3			
Hand/arm	3			
Neck	2			
Anthropometry (including % body fat)	15			
Special populations				

Recommendations:.....

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• **Exercise Programme Prescription**

	Recommend- ed cases	Eval 1	Eval 2	Total
Healthy individuals	25			
Coronary risk patients (at least 1 primary risk factor)	15			
Patients with documented coronary blood vessel illness	15			
Obese individuals	15			
Patients with other chronic medical conditions	15			
Ankle/foot	5			
Knee	5			
Hip	5			
Back	5			
Shoulder	7			
Hand/arm	3			
Neck	2			
Special populations				

Recommendations:.....

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Do you consider the internship complete?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If No, provide specific recommendations or a separate report.....

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Do you consider the intern competent to register with the HPCSA for independent practice?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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In No, provide specific recommendations or a separate report:.....

.....

First Evaluation:

Second Evaluation:

Date:

Date:

.....
Signature: Supervisor

.....
Signature: Supervisor

.....
Signature: Intern

.....
Signature: Intern