

**APPLICATION FOR REGISTRATION AS  
A VISITING STUDENT IN EMERGENCY CARE**

**Form 8**

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

**Note:** The original application must be submitted via the local University in South Africa to:  
The Registrar, PO Box 205, Pretoria 0001 **by registered mail for ease of tracking OR by courier**  
553 Madiba Street, Arcadia, Pretoria, 0083

**(NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED)**

**BANKING  
DETAILS**

Bank: ABSA  
Branch: Arcadia  
Branch Code:  
632005  
Account Type:  
Cheque Account  
  
Account number:  
405 00 33 481  
(Annual fees only)  
  
Account Number:  
061 00 00 169  
(All other fees)

**A. To be completed by a teaching institution abroad where the applicant is a full-time student.**

I, the undersigned, hereby certify that:

(Dr, Mr, Mrs, Miss) : ..... Surname : .....

First names : ..... Passport number : .....

He/she is in his/her ..... year of study for the degree of .....

**SEAL/STAMP OF ABROAD  
TEACHING INSTITUTION**

**DATE**

**DEAN OF THE FACULTY  
OR  
REGISTRAR OF TEACHING INSTITUTION**

**PLEASE  
Include your  
HPCSA  
registration  
number as  
reference to  
ensure correct  
allocation  
against YOUR  
name.**

**B. Please submit together with your application:**

- a) Current registration fee of **R747.00**). This fee must be remitted by a bank draft drawn on a bank in South Africa. Registration fees are subject to review.
- b) A certified copy of the applicant's passport.

**C. To be completed by the University in South Africa where student is to be temporarily registered.**

I, the undersigned, hereby certify that:

(Mr/Mrs/Miss) : ..... Surname : .....

First names : .....

will commence attendance of a course or courses in the ..... (first, second, etc.) year of study in the faculty/school of .....

This student is enrolled for a course in (subject) ..... in a temporary capacity for a period not exceeding one academic year and not for degree purposes.

The student concerned will attend classes in the Department of ..... at this University from the ..... (day) ..... (month) 20..... to ..... (day) ..... (month) 20.....

**SEAL/STAMP OF UNIVERSITY IN  
SOUTH AFRICA**

**DATE**

**DEAN/REGISTRAR**

I certify that the application meets the requirements as outlined in section C and that I have verified the application:

Registration Officer: ..... Signature: ..... Date: .....

**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.