



**Form 18 PPB  
Portfolio**

**HEALTH PROFESSIONS OF SOUTH AFRICA**

**PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIKINETICS**

**PORTFOLIO FOLLOWING COMPLETION OF PERIOD OF SUPERVISED PRACTICE**

**APPLICANT**

Registration Number

Title (Mr, Mrs, etc.), Initials and Surname

Date of Erasure (For office use only)

Date of Restoration (For office use only)

**SUMMARY OF ACTIVITIES, EMPLOYMENT OR UNEMPLOYMENT SINCE RESTORATION OF NAME TO THE REGISTER OF SUPERVISED PRACTICE:**

Activities / Name of Institution	Nature of appointment held	From		To	
		Month	Year	Month	Year

<b>INFORMATION REGARDING SUPERVISING PRACTITIONER</b>	
<b>Title, Initials and Surname</b>	
<b>Registration number</b>	
<b>Registered with the HPCSA since</b>	
<b>Current employment</b>	
<b>Telephone</b>	
<b>Fax Number</b>	
<b>Cell Number</b>	
<b>E-Mail Address</b>	

<b>CONTACT DETAILS OF APPLICANT APPLYING FOR THE RESTORATION OF NAME TO THE REGISTER</b>	
<b>Title, Initials and Surname</b>	
<b>Telephone</b>	
<b>Cell Number</b>	
<b>E-Mail Address</b>	





**CPD ACTIVITIES ATTENDED SINCE RESTORATION OF NAME TO THE REGISTER**

CPD ACTIVITY	LEVEL	NUMBER OF CEU'S
<b>Total points</b>		

I hereby declare that the information contained in this document is to the best of my knowledge correct and that the applicant meets the minimum requirements of the Board relating to clinical competence to safely practise the profession.

<b>SIGNATURE: SUPERVISING PRACTITIONER</b>	<b>DATE</b>
<b>SIGNATURE: APPLICANT</b>	<b>DATE</b>