



# PROFESSIONAL BOARD FOR PSYCHOLOGY

## APPLICATION FOR REGISTRATION

### PSYCHOMETRIST

**Form 24 PMT**

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

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

**FOR  
OFFICE  
USE ONLY**

**A. PERSONAL PARTICULARS**

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: \_\_\_\_\_

Received on \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 No. \_\_\_\_\_  
 Reg. Date \_\_\_\_\_

**Bank Details:**

**HPCSA**  
 Bank: **ABSA**  
 Branch: **Arcadia**  
 Branch code: **334945**  
 Acc. No. **0610000169**

**APPLICABLE QUALIFICATIONS (to be completed by applicant):**

Name of degree	University where degree was obtained	Year obtained

hereby apply for registration as a Psychometrist in the category .....

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

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **20** \_\_\_\_\_

**Registration Officer:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:**

1. An original academic record issued by the University where my degree was obtained (a copy will only be accepted if certified by an attorney in his/her capacity as **Notary Public** and bearing the official stamp.) Copies certified by a Commissioner of Oaths **will not be accepted.**
2. Original honours or B.Psych degree certificate or a copy certified by an attorney in his/her capacity as **Notary Public** and bearing the official stamp.
3. Current registration fee of **R845.00** plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300. Please attach a copy of the proof of payment.
4. A copy of my identity document or birth certificate.
5. A copy of my marriage certificate (should you wish to register in your married surname).
6. A letter from HPCSA confirming that I passed the Board Examination.

\* 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.**