



**PROFESSIONAL BOARD FOR PSYCHOLOGY
APPLICATION FOR REGISTRATION
REGISTERED COUNSELLOR**

Form 24 RC

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

Reference Number: _____

I, (Dr, 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.

hereby apply to register as a Registered Counsellor in the practice field/s:

Career counselling	Community Mental Health	HIV/AIDS	Family counselling
HR counselling	Pastoral counselling	School counselling	Trauma counselling
Sport counselling	Employee well-being		

I also 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.

SIGNATURE: _____ **Date:** _____ **20**

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

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

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. My original 4 year bachelor (degree/certificate) in psychology(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. |
| | OR |
| <input type="checkbox"/> | 2. Form 23, duly completed (only if degree has not been conferred). |
| <input type="checkbox"/> | 3. My original academic record (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. |
| <input type="checkbox"/> | 4. 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. |
| <input type="checkbox"/> | 5. A copy of my identity document or birth certificate. |
| <input type="checkbox"/> | 6. A copy of my marriage certificate (should you wish to register in your married surname). |
| <input type="checkbox"/> | 7. A letter confirming that I passed the National Examination of the Board. |

Registration Officer:

Signature:

Date:

* 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.