Health Professions Council of South Africa

Form 27

APPLICATION FOR REGISTRATION

INDEPENDENT PRACTICE

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 or courier for ease of tracking mail.
553 Madiba Street, Arcadia, Pretoria 0083

A. PERSONAL PARTICULARS

HPCSA Registration 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: Married | Single | Divorced Gender M | F

* Race: African | Asian | Coloured | Indian | White Country of Origin: .....

SIGNATURE: .....**Date:** **20**

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

B. DECLARATION

It is herey certified that: (Dr, Mr, Mrs, Miss): .....

was employed at this (name and address of institution): .....

.....

From: .....To: .....

as a ..... Category (if applicable).....

That he/she complied with the requirements of community service as determined by the Department of Health and that his/her service was satisfactory.

....

SIGNATURE: Head of Department/Directorate **Name: Please print**

Designation: .....

Tel: ..... **Date:** .....

....

SIGNATURE: Medical Superintendent/Head of Institution **Name: Please print**

Designation: .....

Tel: ..... **Date:** .....

OFFICIAL STAMP OF INSTITUTION

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

- [ ] 1. A copy of my marriage certificate (should you wish to register in your married surname).
- [ ] 2. A copy of my identity document or birth certificate.
- [ ] 3. A copy of my registration certificate stating that I was registered in the category public service (community service) with the Health Professions Council of South Africa.
- [ ] 4. Non-SA Citizens: Letter of endorsement by the Foreign Workforce Management Programme of the Department of Health.

*** 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.