



Form 23

APPLICATION FOR REGISTRATION

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

HPCSA Registration Number: _____
 I, (Dr, Mr, Mrs, Miss) _____ Surname: _____
 Maiden name (if applicable): _____
 First names: _____ Identity No.: _____
 Postal address: _____ Postal code: _____

Received on _____
 Amount _____
 Receipt No. _____
 Reg. Date _____

Residential address: _____ Postal code: _____
 Tel (H): _____ (W): _____
 Cell: _____ Fax: _____
 Email: _____

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

* Marital Status: Divorced Married Single Gender: Male Female
 * Race: Asian African Coloured White Country of origin: _____

Hereby apply to register as _____ and declare that I am the person referred to in the certificate below. 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 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** _____

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

1. Registration fee of **R610.00** plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300.
2. A clear copy of my identity document or birth certificate.
3. A copy of my marriage certificate (should you wish to register in your married surname).
4. A copy of my registration certificate as a student with the Health Professions Council of South Africa.

Registration Officer: _____
 Signature: _____
 Date: _____

C. TO BE COMPLETED BY THE UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE

NB: ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

Name of University/University of Technology/College: _____
 It is hereby certified that _____ complied with all the requirements for the Degree/Diploma/Certificate _____ of this institution on _____ (day) _____ (month) _____ (year) and that this qualification will be conferred/issued at a graduation ceremony on _____ (day) _____ (month) _____ (year).

WE RECOMMEND him/her for registration

SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD _____ **DATE** _____

SIGNATURE: REGISTRAR/REGISTRAR _____ **DATE** _____

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

* 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.