



PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS & PROSTHETICS & ARTS THERAPY

Form 23 OT

APPLICATION FOR REGISTRATION IN COMMUNITY SERVICE

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 NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED

BANKING DETAILS

A. PERSONAL PARTICULARS

HPCSA Registration Number: \_\_\_\_\_

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: \_\_\_\_\_

hereby apply to be registered in the register of \_\_\_\_\_

to perform Community Service. 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 \_\_\_\_\_

Bank: ABSA Branch: Arcadia Branch Code: 632005

Account Number: 061 00 00 169 (All other fees)

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

Registration Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

- 1. Registration fee R587.00 plus the pro rata annual fee obtainable from the HPCSA Call Centre at 012 338 9300
2. A 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.

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

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

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD DATE

SIGNATURE: REGISTRAR/PRINCIPAL 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.