



Form 26 BKIN

PROFESSIONAL BOARD FOR PHYSIOTHERAPY,
PODIATRY AND BIOKINETICS

APPLICATION FOR REGISTRATION AS AN INTERN
BIOKINETICIST

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

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:
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 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 in any
country at present.

SIGNATURE: Date: 20

BK IN
Received on
Amount
Receipt No.
Reg. Date

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

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

- 1. A copy of my registration certificate as a student with the Health Professions Council of South Africa.
2. Registration fee of R214.00. Please attach the proof of payment.
3. A copy of my identity document or birth certificate. A copy of my marriage certificate (should you wish to register in your married surname).
4. A letter from the supervising biokineticist, stating that he/she is willing to act as supervisor for the intern and stating the period of internship involved;
5. A letter from the Head of the training institution indicating that the intern will be accommodated for the full duration of the internship as well as the exact period of the internship;

Signature:
Date:

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
SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD DATE
SIGNATURE: REGISTRAR/PRINCIPAL DATE

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

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.