

**PROFESSIONAL BOARD FOR DENTAL THERAPY AND  
ORAL HYGIENE**  
**APPLICATION FOR REGISTRATION**  
**STUDENT – DENTAL THERAPISTS**

**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**

To be duly completed by the student.

**A. PERSONAL PARTICULARS**

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 register as a Student in ..... and declare that I am the person referred to in the attached documents submitted by me in support of my application and that all the said documents were granted to me and are my lawful property.

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 | 1. Registration fee of <b>R225.00</b> . Please attach a copy of the proof of payment.  |
| 2 | 2. A copy of my identity document or birth certificate.  |
| 3 | 3. A copy of my marriage certificate (should you wish to register in your married surname).  |
| 4 | 4. An additional fee of <b>R90.00</b> in respect of <u>each month</u> or part of a month which my application is submitted later than <b>four</b> months after date of registration with the University. |

**Registration Officer:**  
.....  
**Signature:**  
.....  
**Date:**  
.....

**C. TO BE COMPLETED BY THE TRAINING INSTITUTION**

Certificate of having commenced study as a student, issued by: .....

indicating that he/she enrolled on ..... (day) ..... (month) ..... (year)

in the (first, second, etc.) ..... year of study.

I consider him/her to be a competent and fit person to practice as a

**ORIGINAL OFFICIAL DATE STAMP OF  
INSTITUTION**

**SIGNATURE: REGISTRAR ACADEMIC/HEAD OF DEPARTMENT** \_\_\_\_\_ **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.