Health Professions Council of South Africa

Form 9

APPLICATION FOR REGISTRATION

AS A REGISTRAR / SUBSPECIALITY TRAINEE

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU

Please PRINT and return the 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

RECEIVED ON: .....

CAPTURED ON: .....

DATE: .....

VERIFIED BY: .....

DATE: .....

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 for registration / continuation of registration as a Registrar / Subspeciality Trainee

HPCSA Registration Number**:** ..... Date of First Registration**:** .....

Basic qualification**:** ..... Year obtained**:** .....

University at which currently enrolled for postgraduate study**:** .....

Speciality for which enrolled: .....

Subspeciality for which enrolled**:** .....

Name of Teaching / Satellite Department / Hospital**:** .....

Name of Teaching unit / Satellite teaching Unit**:** .....

Academic department**:** .....

Board approved post number**:** .....

Date of commencement of Registrar / Subspeciality Trainee course**:** .....

Current Year of Study**:** .....

SIGNATURE: ..... **DATE:** .....

REGISTRAR / SUBSPECIALITY TRAINEE

_____ _____

SIGNATURE: Dean/Head of School **DATE**

_____ _____

SIGNATURE: HOD/HO Unit **DATE**

_____ _____

SIGNATURE: Medical Superintendent **DATE**

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

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

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

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.