

**PROFESSIONAL BOARD FOR PHYSIOTHERAPY,
PODIATRY AND BIOKINETICS**
APPLICATION FOR REGISTRATION
BIOKINETICIST IN TRAINING

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

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: Single Married Divorced Gender: Male Female

* Race: Asian African Coloured White Country of origin: _____

hereby apply to be registered as a **Biokineticist in Training**. I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and 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** _____

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

- | | |
|--|--|
| | 1. My original Bachelors degree certificate (a copy will only be accepted if certified by an attorney in his/her capacity as <u>Notary Public</u> and bearing the official stamp.) Copies certified by a Commissioner of Oaths <u>will not be accepted</u> . |
| | 2. Form 23, duly completed. |
| | 3. Current registration fee. Please attach a copy of the proof of payment. |
| | 4. A copy of my identity document or birth certificate. |
| | 5. An additional fee in respect of each month or part of a month which my application is submitted later than four months after date of registration at the Training Educational Institution |
| | 6. A copy of my marriage certificate (should you wish to register in your married surname). |

C. TO BE COMPLETED BY THE UNIVERSITY

NAME OF UNIVERSITY

It is hereby certified that

Enrolled for the honours degree in biokinetics: on20

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

SIGNATUREDATE

**ORIGINAL OFFICIAL DATE
STAMP OF UNIVERSITY**

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.