



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

**APPLICATION FOR REGISTRATION IN
COMMUNITY SERVICE**

Form 23 OT

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, 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 _____

~~or diploma~~

(month)

(year)

and that this qualification will be conferred/issued

_____ Degree/Diploma/Certificate

of this institution on _____

(day)

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.		

Updated/LS/04-2016