



**Form 23 Comm. Service**

**APPLICATION FOR REGISTRATION  
TO PERFORM COMMUNITY SERVICE**

**NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION**

Please PRINT and return the ORIGINAL FORM to: The Registrar, PO Box 205, Pretoria 0001  
553 Madiba Street, Arcadia, Pretoria 0083

**FOR  
OFFICE  
USE ONLY**

**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**

Received on

Amount

Receipt No.

No.

Reg. Date

**CAPTURED**

**DATE**

**VERIFIED**

**DATE**

**Bank Details:**

**HPCSA**

Bank:

**ABSA**

Branch:

**Arcadia**

Branch code:

**334945**

Acc. No.

**0610000169**

**B. The following is submitted in support of my application:**

Current registration fee, plus the pro rata annual fee obtainable from the HPCSA Call Centre at

1. 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 \_\_\_\_\_ complied with all the requirements for the

\_\_\_\_\_ (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**

<b>SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD</b>	_____	
	<b>DATE</b>	
<b>SIGNATURE: REGISTRAR/PRINCIPAL</b>	_____	
	<b>DATE</b>	

\* 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.*

GA/04/2013