



Form 26 ATIN

PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS & PROSTHETICS & ARTS THERAPY
APPLICATION FOR REGISTRATION AS ARTS THERAPY INTERN IN DRAMA

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PR and return the ORIGINAL FORM to: Registrar, PO Box 205, Pretoria 0001 by registered mail for ease of tracking courier 553 Madiba Street, Arcadia, Pretoria 0083 mail

FOR OFFICE USE ONLY

A. PERSONAL PARTICULARS

I, (Mr, Ms, \_\_\_) Surname: Maiden name (if applicable): First names: Identity No.: Postal address: Residential address: Tel (H): (W): Cell: Fax: Email:

ATIN Drama Received on Amount Receipt No. No. Reg. Date VERIFIED

\* Marital Status: Divorced Married Single Gender: Male Female \* Race: Asian African Coloured White Country of origin:

DATE

holds the qualification obtained (date) at (institution)

CAPTURED

and hereby apply to be registered as an Arts Therapy Intern in Drama and declare that I am the person mentioned in the attached documents and that these documents were granted to me and are my own lawful property. I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, no proceedings of misconduct is pending against me in any country at present.

DATE

SIGNATURE: Date: 20

VERIFIED DATE

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

- 1 Form 26A AT duly completed
2 A letter from the accredited Drama Therapy Supervisor, stating that he/she is willing to act as supervisor for the intern and stating the period of the internship involved and a letter from the Head of Department of the supervising University confirming the final submission of the intern's research report. The letter must indicate that the department will ensure that the training is undertaken in accordance with the approved Internship programme.
3 Please attach proof of payment
4 A copy of my identity document or birth certificate.
A copy of my marriage certificate (should you wish to register in your married surname).

Bank Details: HPCSA Bank: ABSA Branch: Arcadia Branch code: 334945 Acc. No. 0610000169

**C. To be completed by the University**

NAME OF THE UNIVERSITY.....

It is hereby confirmed that .....

Complied with all the requirements for the degree..... of this insitution on.....  
and that this qualification will be conferred at a graduation ceremony on .....

<b>WE RECOMMEND him/her for registration</b>	ORIGINAL DATE STAMP OF UNIVERSITY
.....	
<b>SIGNATURE: REGISTRAR / PRINCIPAL</b> <b>DATE</b>	

***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 KN/07/2017