



Form 26 BKIN

PROFESSIONAL BOARD FOR PHYSIOTHERAPY,
PODIATRY AND BIOKINETICS

APPLICATION FOR REGISTRATION AS AN INTERN
BIOKINETICIST

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

FOR OFFICE USE ONLY

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 to register as

and declare that I am the person

referred to in the certificate below. 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:

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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. A copy of my registration certificate as a student with the Health Professions Council of South Africa.
2. Registration fee, Please attach the proof of payment.
3. A copy of my identity document or birth certificate. A copy of my marriage certificate (should you wish to register in your married surname).
4. A letter from the supervising biokineticist, stating that he/she is willing to act as supervisor for the intern and stating the period of internship involved;
5. A letter from the Head of the training institution indicating that the intern will be accommodated for the full duration of the internship as well as the exact period of the internship;

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
SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD	_____ DATE	
SIGNATURE: REGISTRAR/PRINCIPAL	_____ 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.