



**MEDICAL AND DENTAL PROFESSIONS BOARD
APPLICATION FOR REGISTRATION
CERTIFICATE OF GENETIC COUNSELLOR
INTERN TRAINING**

FORM 36 GC

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.
53 Madiba Street, Arcadia, Pretoria 0083
NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED

GCIN.....
Date of commencement
of internship:
.....

A. ISSUED BY

Name of training institution: _____ Code: _____
Full postal address: _____
Telephone No. (of Supervisor): _____ Fax: _____
Cellular: _____ Email: _____

B. DECLARATION

I, _____ Registration Number GC/MP: _____
Registration date: the undersigned, do hereby certify that:
(Mr, Mrs, Ms):
has worked at the (name of institution): _____
in the department of _____
In a full-time capacity as a (position held)
from: _____ to: _____

I consider him/her to be a competent and fit person to practice as a genetic counsellor.

1

SIGNATURE: Supervising Genetic Counsellor

Name: Please print

Post Held: _____

Date: _____ 20 _____

2

SIGNATURE: Head of the Training Facility

Name: Please print

Date: _____ 20 _____

3

**SIGNATURE: Head of Department of the Collaborating University
(Only applicable to non-university based training facility)**

Name: Please print

Date: _____ 20____

Return the duly completed form together with Form 24 GC to the above address.

***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.