



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

Form 53 OT-S

**APPLICATION FOR REGISTRATION AS A STUDENT
OCCUPATIONAL THERAPIST**

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

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 register as a student in _____
(kindly indicate profession)

Received on _____

Amount _____

Receipt No. _____

No. _____

Reg. Date _____

I certify that the application meets the requirements as outlined in section and that I have verified the application:

SIGNATURE: _____ **Date:** _____ **20** _____

Registration Officer: _____

Signature: _____

Date: _____

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

- 1. Current registration fee of **R223**. Please attach the proof of payment.
- 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. An additional fee of **R102.00** in respect of each month or part of a month which my application is submitted later than **four** months after date of registration at the Training Educational Institution.

C. TO BE COMPLETED BY THE TRAINING INSTITUTION

Certificate of having commenced study as a student, issued by: _____
(name of institution)

indicating that he/she enrolled on _____ (day) _____ (month) _____ (year)
in the (first, second, etc.) _____ year of study.

**ORIGINAL OFFICIAL DATE STAMP OF
INSTITUTION**

SIGNATURE: REGISTRAR ACADEMIC/HEAD OF DEPARTMENT _____ **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.