



## The Allied Health Professions Council of South Africa

Postnet Suite 464, Private Bag X025, Lynnwood Ridge, 0040  
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Telephone (012) 349 2331 Fax: (012) 349 2327 e-mail: [info@ahpcs.co.za](mailto:info@ahpcs.co.za)

### For office use only

Date received: \_\_\_\_\_

Receipt number: \_\_\_\_\_

Amount : \_\_\_\_\_

### APPLICATION FOR REGISTRATION AS A STUDENT

1. Please mark the relevant allied health profession clearly.

AYURVEDA	OSTEOPATHY
CHINESE MEDICINE AND ACUPUNCTURE	PHYTOTHERAPY
CHIROPRACTIC	THERAPEUTIC AROMATHERAPY
HOMOEOPATHY	THERAPEUTIC MASSAGE THERAPY
NATUROPATHY	THERAPEUTIC REFLEXOLOGY
UNANI - TIBB	

### Personal details

2. Surname: \_\_\_\_\_ 3. Nationality: \_\_\_\_\_

4. Race: \_\_\_\_\_ (required for statistical purposes)

5. Full first names \_\_\_\_\_

6. Identity number: \_\_\_\_\_ (attach copy of photograph page of ID)

7. Postal address: \_\_\_\_\_

Code: \_\_\_\_\_

8. Residential address: \_\_\_\_\_

9. Tel: (Home): ( ) \_\_\_\_\_ (Cell): ( ) \_\_\_\_\_

(Fax): ( ) \_\_\_\_\_ (E-mail): \_\_\_\_\_

### Education and training

10. Course enrolled for: \_\_\_\_\_

**(Proof of registration on the official letterhead of the educational institution concerned to be attached)**

11. Year of course: \_\_\_\_\_ 12. Student number: \_\_\_\_\_

13. Educational institution: \_\_\_\_\_

14. Highest secondary school standard attained: \_\_\_\_\_ (attach certified copy)

15. In respect of which profession(s) (if any) are you already registered with the council - state council registration number(s) and list profession(s): \_\_\_\_\_  
\_\_\_\_\_

16. In respect of which profession(s) (if any) are you already registered with any other statutory health council - state council(s), council registration number(s) and profession(s):  
\_\_\_\_\_  
\_\_\_\_\_

17. Please indicate the minimum duration of the course indicated under point 10 and whether it is a full-time class attendance, part-time class attendance, distance or correspondence course: \_\_\_\_\_  
\_\_\_\_\_

18. You are required to attach the council registration fee of R485 for initial registration for a course (the first year of registration with the Council), and R424 per year thereafter for second and subsequent years of study.

I hereby certify that all the information provided and documentation submitted is true and correct.

\_\_\_\_\_  
**Signature of student**

\_\_\_\_\_  
**Place and date**

**Banking details**

First National Bank, Hatfield branch, Code 252 145, Account number 5106 255 1862. Our account holder is the Allied Health Professions Council of South Africa or AHPCSA. SWIFT Code (for international payments) FIRNZAJJ

Return this application together with proof of payment to (or by fax or email):

**The Registrar**  
**Allied Health Professions Council of South Africa**  
**Postnet Suite 464, Private Bag X025,**  
**Lynnwood Ridge**  
**0040**