



The Allied Health Professions Council of South Africa

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South, Persequor Technopark, Pretoria
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For office use only

Date received: _____

Receipt number: _____

Amount: _____

APPLICATION FOR STUDENT INTERNSHIP OR INTERNSHIP

1. Please mark the relevant allied health profession clearly.

- | | |
|---|------------------|
| (a) AYURVEDA | (f) OSTEOPATHY |
| (b) CHINESE MEDICINE AND
ACUPUNCTURE | (g) PHYTOTHERAPY |
| (c) CHIROPRACTIC | (h) UNANI-TIBB |
| (d) HOMEOPATHY | |
| (e) NATUROPATHY | |

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

Note: When you are no longer registered as a student you must change your registration from “student intern” to “intern” and you are required to contact this office once again for the issuance of the necessary certificate.

10. Are you still registered as a student with the university? Yes / No
11. Are you registering as a student intern? Yes / No
12. Are you registering as an intern? Yes / No

13. Date of completion:
14. Student registration number at the council:
15. Date of first council student registration:
14. Educational institution:
15. Student number at educational institution:
16. Previous and other Council registration details required: Registration number.....and profession/s.....
17. You are required to attach the proof of payment for student internship registration fee of R385, using your AHPCSA student number as banking reference when making payment.
18. If you are registering as an intern, proof of payment of R770 is required (banking reference as mentioned above).

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

CERTIFICATION

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

Signature of student

Place and date

Head of Department

Place and date

Registrar

Place and date

Please note: This application is not valid and internship may not be formally commenced until all three signatures appear on this form and you have been registered as an intern by the AHPCSA. Retrospective recognition of internship activity is at the sole discretion of the Registrar.