



# The Allied Health Professions Council of South Africa

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## APPLICATION FOR REGISTRATION IN AN ALLIED HEALTH PROFESSION

(PLEASE PRINT CLEARLY and COMPLETE IN BLACK)

### A. REGISTRATION REQUESTED

Please mark the relevant allied health profession clearly. Applications for registration for more than one profession must be submitted on separate application forms.

1)	AYURVEDA DOCTOR	
2)	CHINESE MEDICINE & ACUPUNCTURE, to practise as:	
	- DOCTOR OF CHINESE MEDICINE	
	- ACUPUNCTURIST	
3)	CHIROPRACTIC	
4)	HOMOEOPATHY	
5)	NATUROPATHY	
6)	OSTEOPATHY	
7)	PHYTOTHERAPY	
8)	THERAPEUTIC AROMATHERAPY	
9)	THERAPEUTIC MASSAGE THERAPY	
10)	THERAPEUTIC REFLEXOLOGY	
11)	UNANI TIBB PRACTITIONER	

### B. PERSONAL DETAILS

1. Title: Prof/Dr/Mr/Ms (Please indicate) 2. Surname: .....
- 2.1 Full first names .....
3. Nationality: ..... 4. Race.....(required for statistical purposes)
5. Identity number: .....
6. SA Citizen: YES/NO (Attach photo page of SA Identity Document)
7. Non-SA Citizen: YES/NO (Attach photo page of Passport)
8. If you are not a South African Citizen:
  - do you hold a valid work permit issued by the Department of Home Affairs that permits you to work in the Health Industry? (Please attach proof); **or**
  - do you hold Permanent Residence in South Africa, granted by the Department of Home Affairs? (Please attach proof).

9. Postal address: .....  
 ..... Postal Code: .....
10. Residential address: .....  
 ..... Postal Code: .....  
 Telephone (Home): (.....) .....
11. Intended Practise address: .....  
 ..... Postal Code: .....  
 Practise Telephone: (.....) ..... Fax: (.....) .....  
 Cell: (.....) ..... E-mail: .....
12. Highest secondary school standard attained: ..... (Attach certified copy)
13. Which South African language(s) can you speak?.....
14. In respect of which profession(s) (if any) are you already registered with this Council - indicate your Council registration number and name the profession(s): A.....  
 .....
15. In respect of which profession(s) (if any) are you already registered with any other statutory health council - indicate council(s), council registration number(s) and profession(s):  
 .....  
 .....

**C. EDUCATION AND TRAINING**

1. Please indicate the qualification(s) you are submitting in support of your application (certified copies required) as well as the name(s) of and contact detail(s) for the educational institution(s) concerned:

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**NOTE: The Council reserves the right to inspect original documents**

2. Please indicate the actual duration of each course you indicated under point 1 above and whether it is a full-time class attendance, part-time class attendance, distance or correspondence course:

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3. Please indicate whether the educational institution(s) in respect of any foreign qualification (i.e. obtained outside South Africa) is/are officially accredited by the education authorities of the country in which they are situated ..... (Please attach proof.)

**NOTE: The Council reserves the right to inspect original documents.**

4. All foreign qualifications **must** be submitted to the South African Qualifications Authority (SAQA) [Tel: (012) 431 5000 OR [www.saga.co.za](http://www.saga.co.za) OR [ncoetzee@saga.co.za](mailto:ncoetzee@saga.co.za)] for authentication and evaluation in terms of the required South African qualification prior to submission to the Council. SAQA's evaluation certificate must be submitted together with this application form.

5. Please indicate whether the foreign qualification(s) obtained from the educational institution(s) indicated under point 3 above, granted you the legal right to practise the relevant profession in the country where such educational institution is situated ..... (Please attach proof)

6. If you hold a foreign qualification and previously practised outside South Africa, you are required to submit proof of being in good standing with the registering authority of each country in which you previously practised.

7. Please attach a certified copy of your academic record in respect of each course indicated under point 1 above, which record shall provide subjects successfully completed (i.e. pass/fail).

8. Please indicate whether you are/were registered with the Council or whether you previously applied for registration with the Council. If you did, please indicate where and when (and attach copies of possible relevant correspondence) .....

9. You are most welcome to also attach any further documentation or submit information which, in your opinion, is relevant and could be of benefit for the correct evaluation of your application.

10. You are required to submit the prescribed **non-refundable** application fee of R2450.00

11. You are further required to submit proof of good character (two testimonials).

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

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Place**

\_\_\_\_\_  
**Date**

Return this application to:                   The Registrar  
[info@ahpcsa.co.za](mailto:info@ahpcsa.co.za)

- NB:** a) The summary given below lists all the documentation that must be submitted with this application. Additional information may be required for the profession concerned. If so, such additional requirements are attached to this application form and must also be complied with.
- b) Please call the Council Office at (012) 349-2331 should you require any further information.
- c) It is recommended that your application be sent by registered post and that you fax the tracking number, marked "Application for Registration", together with your name and contact details to Council House.
- d) You are advised to keep a copy of your application for your records.

### **SUMMARY OF DOCUMENTATION AND FEE TO BE SUBMITTED WITH THIS APPLICATION**

- A. Certified copy of the photograph page of your identity document (B6/7)
- B. Proof of valid Work Permit or Permanent Residence (B8)
- C. Certified copy of highest secondary school certificate attained (B12)
- D. Certified copies of all relevant qualification certificates/degrees/diplomas (C1)
- E. Proof of accreditation of foreign qualifications by the education authorities of the countries concerned (C3)
- F. SAQA evaluation certificate for each foreign qualification submitted (C4)
- G. Proof that each foreign qualification entitles the holder thereof to practise the stated profession in the country concerned (C5)
- H. Certified copy of certificate of good standing (C6)
- I. Copy of academic record in respect of each qualification submitted (C7)
- J. Copy of previous correspondence regarding registration (C8)
- K. Non-refundable application fee of R2450.00 (C10)
- L. Two testimonials (proof of good character) (C11)
- M. Any additional requirements specific to the profession concerned ("NB(a)")
- N. First aid certificate

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