



# The Allied Health Professions Council of South Africa

Private Bag X28, Lynnwood Ridge, 0040  
Castelli Suite, Il Villaggio 5 de Havilland Crescent South, Persekor 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) CHIROPRACTIC

(B) HOMEOPATHY

### 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. If you are registering as one of the above i.e. student intern or intern, proof of payment of a once off fee of R975 is required using your AHPCSA student number as banking reference when making payment.
18. The student-intern to inform the AHPCSA of the change in status to that of intern by way of email to the administrative officers as below:  
 Surnames A-H: [camille@ahpcsa.co.za](mailto:camille@ahpcsa.co.za)  
 Surnames I-O: [mpho@ahpcsa.co.za](mailto:mpho@ahpcsa.co.za)  
 Surnames P-Z: [portia@ahpcsa.co.za](mailto:portia@ahpcsa.co.za)

**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.**