



# The Allied Health Professions Council of South Africa

Private Bag X28, Lynnwood Ridge, 0040  
Castelli Suite, Il Villaggio 5 de Havilland Crescent South, Perseus Technopark, Pretoria  
Telephone (012) 349 2331

### For office use only

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

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

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

## **PLEASE SUBMIT COMPLETED FORM, CERTIFIED DOCUMENTS AND PROOF OF PAYMENT 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)

## **APPLICATION FOR REGISTRATION AS A STUDENT**

1. Please mark the relevant allied health profession clearly.

<input type="checkbox"/>	CHINESE MEDICINE & ACUPUNCTURE	<input type="checkbox"/>	THERAPEUTIC AROMATHERAPY
<input type="checkbox"/>	COMPLEMENTARY HEALTH SCIENCES	<input type="checkbox"/>	THERAPEUTIC MASSAGE THERAPY
<input type="checkbox"/>	CHIROPRACTIC	<input type="checkbox"/>	THERAPEUTIC REFLEXOLOGY
<input type="checkbox"/>	HOMEOPATHY	<input type="checkbox"/>	UNANI-TIBB
<input type="checkbox"/>	NATUROPATHY	<input type="checkbox"/>	
<input type="checkbox"/>	PHYTOTHERAPY	<input type="checkbox"/>	

### **Personal details**

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

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

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

6. Identity number: \_\_\_\_\_ **(attach certified 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 R575 for initial registration for a course (the first year of registration with the Council), and R500 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