



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 Fax: 086 507 4092 [e-mail: info@ahpcs.co.za](mailto:info@ahpcs.co.za)

For office use only
Date received: _____
Receipt number: _____
Amount : _____

Return this application together with proof of payment to:

Surnames **A-L:** camille@ahpcs.co.za

Surnames **M-Z:** mpho@ahpcs.co.za

APPLICATION FOR REGISTRATION AS A STUDENT

1. Please mark the relevant allied health profession clearly.

<input type="checkbox"/>	ACUPUNCTURE	<input type="checkbox"/>	PHYTOTHERAPY
<input type="checkbox"/>	CHINESE MEDICINE AND ACUPUNCTURE	<input type="checkbox"/>	THERAPEUTIC AROMATHERAPY
<input type="checkbox"/>	CHIROPRACTIC	<input type="checkbox"/>	THERAPEUTIC MASSAGE THERAPY
<input type="checkbox"/>	HOMOEOPATHY	<input type="checkbox"/>	THERAPEUTIC REFLEXOLOGY
<input type="checkbox"/>	NATUROPATHY	<input type="checkbox"/>	
<input type="checkbox"/>	UNANI TIBB	<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: (1ST, 2ND ETC) _____ 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 R720 for initial registration for a course (the first year of registration with the Council), and R720 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) FIRZAJJ