

RAAD VIR GESONDHEIDSDIENSBEROEPE VAN SUID-AFRIKA

Vorm 24

AANSOEK OM REGISTRASIE

Voltooi asseblief in drukskrif in en besorg aan: Die Registrateur, Posbus 205, Pretoria 0001 / Vermeulenstraat 553, Arcadia, Pretoria

SLEGS VIR KANTOORGEBRUIK

01

A. PERSOONLIKE INLIGTING

1. Ek, (mnr, mev, mej): . . . . . Van: .....  
 Nooiensvan (waar van toepassing: .....  
 Volle voorname: .....  
 Posadres:.....

Ontvang op

Bedrag

Kwitansienr

No

Skrap

Reg Datum

Kwal Kode

Jaar Verwerf

..... Poskode: .....

Fisiese adres:

..... Poskode: .....

Tel (W) ..... (H):

Faks:

Sel: ..... E-mail:

Geboortedatum: ..... 19 . . . . . Identiteitsnommer: .....

Geslag: Manlik  Vroulik

doen hiermee aansoek om as ..... in die kategorie te registreer en verklaar onder eed dat bygaande dokumente aan my uitgereik is en my wettige eiendom is en dat ek nooit weens 'n misdryf of professionele wangedrag belet is om te praktiseer nie.

HANDTEKENING ..... Datum: ..... 200\_\_\_\_\_

BEËDIG voor my te ..... op hede die ..... dag van ..... 200\_\_\_\_\_.

Kwal Afkorting: .....

HANDTEKENING

VREDEREGTER OF KOMMISSARIS VAN EDE vir die distrik .....

Kategorie .....

B. Die volgende word ter ondersteuning van my aansoek ingehandig:

- (1) my oorspronklike diploma/graadsertifikaat (**'n afskrif sal alleenlik aanvaar word indien dit deur 'n prokureur in sy/haar hoedanigheid as notaris gewaarmerk is en sy/haar stempel daarop verskyn.** Afskrifte wat deur 'n Kommissaris van Ede gewaarmerk is, sal nie aanvaar word nie) OF vorm 23, volledig voltooi;
- (2) registrasiegeld: \* **Vanaf 1 Julie 1997: R87-00** (R76-32 + R10-68 BTW) (kontant/tjek/posorder);  
**\*Let Wel: Registrasiegelde verhoog jaarliks.**
- (3) 'n afskrif van my identiteitsdokument of geboortesertifikaat;
- (4) 'n afskrif van my huweliksertifikaat (slegs getroude dames); en
- (5) Vorm . . . . ., volledig voltooi (waar van toepassing).

Ontvang Ja Nee

- |    |                          |                          |
|----|--------------------------|--------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> |

<p><b>C. SERTIFIKAAT VAN GESONDHEID</b></p> <p>Ek, .....</p> <p>Van (adres) .....</p> <p>'n geregistreerde geneesheer, sertifiseer dat ek .....  medies ondersoek het en verklaar dat sy/haar gesondheid sodanig is dat dit tot die nadeel van pasiënte of die  persoon self sal wees indien hy/sy bogenoemde beroep beoefen nie.</p> <p>HANDTEKENING ..... Datum . . . . . 200_____</p>	<p><b>VOORWAARDE</b></p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>D. SERTIFIKAAT VAN KARAKTER</b></p> <p>Ek, .....</p> <p>Van (adres) .....</p> <p>wat as .....  (Geneesheer, Predikant, Landdros of ander verantwoordelike persoon)</p> <p>werksaam is, sertifiseer dat .....  persoonlik aan my bekend is en dat hy/sy van goeie karakter is.</p> <p>HANDTEKENING ..... Datum . . . . . 200_____</p>	<p style="text-align: right;"><u>ParDatum</u></p> <p>Opgestel . . . . .</p> <p>Nagesien . . . . .</p> <p>Ingesleutel . . . . .</p> <p>Nagesien . . . . .</p>

hs/2000-05-24

Form 24	HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA APPLICATION FOR REGISTRATION																			
<b>Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001 / 553 Vermeulen Street, Arcadia, Pretoria</b>	<b>FOR OFFICE USE ONLY</b>																			
<b>A. PERSONAL PARTICULARS</b> 1. I, (Mr, Mrs, Miss): . . . . . Surname:..... Maiden Name (if applicable): ..... First names: ..... Postal Address:..... Postcode: ..... Physical Address: ..... Postcode: ..... Tel: (W) ..... (H) ..... Fax: ..... Cell: ..... E-mail: ..... Date of Birth: ..... 19 . . . . . Identity Number: ..... Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/> hereby make oath and declare that I am the person mentioned in the attached documents submitted by me in support of my application for registration as a ..... in the category ..... and that all the said documents were granted to me and are my own lawful property; and further, that I have never been debarred from practising in any country by reason of misdemeanor or professional misconduct. SIGNATURE ..... Date . . . . . 200____	<div style="font-size: 2em; font-weight: bold; margin-bottom: 20px;">01</div> Received on _____  Amount _____  Receipt No _____ _____ No ..... Erase ..... Reg Date ..... Qual Code ..... Year Obtained.....																			
SWORN BEFORE ME AT..... this ..... day of ..... 200____.  ..... SIGNATURE JUSTICE OF THE PEACE OR COMMISSIONER OF OATHS for the District of.....	Qual Abbreviation: ..... ..... ..... Category .....																			
<b>B. The following is submitted in support of my application:</b> (1) My original diploma/degree ( <b>a copy will only be accepted if certified by an attorney in his/her capacity as a notary public and bearing the official stamp.</b> Copies certified by a Commissioner of Oaths <u>will not be accepted</u> ) OR form 23, duly completed; (2) registration fee: * <b>With effect from 1 July 1997:</b> R87-00 (R76-32 + R10-68 VAT) (cash/cheque/postal order); * <b>Note: Registration fees increase annually.</b> (3) a copy of my identity document or birth certificate; (4) a copy of my marriage certificate (married women only); and (5) Form . . . . ., duly completed (if applicable).	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Received</th> <th style="text-align: center; border-bottom: 1px solid black;">Yes</th> <th style="text-align: center; border-bottom: 1px solid black;">No</th> </tr> </thead> <tbody> <tr> <td style="border-right: 1px solid black; padding: 5px;">1.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">2.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">3.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">4.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">5.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table>		Received	Yes	No	1.	<input type="checkbox"/>	<input type="checkbox"/>	2.	<input type="checkbox"/>	<input type="checkbox"/>	3.	<input type="checkbox"/>	<input type="checkbox"/>	4.	<input type="checkbox"/>	<input type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>
Received	Yes	No																		
1.	<input type="checkbox"/>	<input type="checkbox"/>																		
2.	<input type="checkbox"/>	<input type="checkbox"/>																		
3.	<input type="checkbox"/>	<input type="checkbox"/>																		
4.	<input type="checkbox"/>	<input type="checkbox"/>																		
5.	<input type="checkbox"/>	<input type="checkbox"/>																		

<p><b>C. CERTIFICATE OF HEALTH</b></p> <p>I, .....</p> <p>of (address) .....</p> <p>a registered medical practitioner, certify that I have medically examined.....</p> <p>and I declare that his/her health is such that it would not be detrimental to patients or himself/herself to engage in the duties of his/her profession.</p> <p>SIGNATURE .....Date ..... 200.....</p>	<p><b>CONDITIONS</b></p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>D. CERTIFICATE OF CHARACTER</b></p> <p>I, .....</p> <p>of (address) .....</p> <p>working as .....</p> <p>(Medical Practitioner, Minister of Religion, Magistrate or other responsible person)</p> <p>certify that .....</p> <p>is personally known to me and that he/she is of good character.</p> <p>SIGNATURE .....Date ..... 200.....</p>	<p><u>ParDate</u></p> <p>Prepared .....</p> <p>Checked .....</p> <p>Processed .....</p> <p>Checked .....</p>