



**Form 9**

**APPLICATION FOR REGISTRATION  
AS A REGISTRAR / SUBSPECIALITY TRAINEE**

**NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!**

Please PRINT and return the ORIGINAL FORM to:  
The Registrar, PO Box 205, Pretoria 0001 **by registered mail or courier for ease of tracking mail.**  
553 Madiba Street, Arcadia, Pretoria 0083

**PERSONAL PARTICULARS**

I, (Dr, Mr, Mrs, Miss) \_\_\_\_\_ Surname: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

First names: \_\_\_\_\_ Identity No.: \_\_\_\_\_

Postal address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Tel (H): \_\_\_\_\_ (W): \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\* Marital Status:  Divorced  Married  Single Gender:  Male  Female

\* Race:  Asian  African  Coloured  White Country of origin: \_\_\_\_\_

Hereby apply for registration / continuation of registration as a Registrar / Subspeciality Trainee

HPCSA Registration Number: \_\_\_\_\_ Date of First Registration: \_\_\_\_\_

Basic qualification: \_\_\_\_\_ Year obtained: \_\_\_\_\_

University at which currently enrolled for postgraduate study: \_\_\_\_\_

Speciality for which enrolled: \_\_\_\_\_

Subspeciality for which enrolled: \_\_\_\_\_

Name of Teaching / Satellite Department / Hospital: \_\_\_\_\_

Name of Teaching unit / Satellite teaching Unit: \_\_\_\_\_

Academic department: \_\_\_\_\_

Board approved post number: \_\_\_\_\_

Date of commencement of Registrar / Subspeciality Trainee course: \_\_\_\_\_

Current Year of Study: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REGISTRAR / SUBSPECIALITY TRAINEE**

**ORIGINAL OFFICIAL DATE STAMP  
OF INSTITUTION**

Signature: Dean/Head of School \_\_\_\_\_ Date \_\_\_\_\_

Signature: HOD/HO Unit \_\_\_\_\_ Date \_\_\_\_\_

Signature: Medical Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\* Please complete for statistical purposes.

**NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.**