

FORM A

THE PROFESSIONS SUPPLEMENTARY TO MEDICINE ACT, 1965

APPLICATION FOR ADMISSION TO THE REGISTER OF:

- | | |
|--|-----|
| MEDICAL LABORATORY TECHNOLOGISTS | [] |
| RADIOGRAPHERS | [] |
| PHYSIOTHERAPISTS | [] |
| OCCUPATIONAL THERAPISTS | [] |
| MEDICAL DIETITIANS/NUTRITIONISTS | [] |
| SPEECH THERAPISTS/AUDIOLOGISTS | [] |
| DIETETIC ASSISTANTS/NUTRITION ASSISTANTS | [] |
| PUBLIC HEALTH INSPECTORS | [] |

NAME OF APPLICANT:
(IN BLOCK LETTERS)

SURNAME

CHRISTIAN & FORENAME(S)

STATE WHETHER

{ } Single { } Married { } Divorced { } Widowed

Married female applicants: Please state maiden name and furnish relevant documents

DATE AND PLACE OF BIRTH: _____

NATIONALITY: _____

CURRENT ADDRESS:

(This should be an address
at which you are certain to
receive communication sent
to you).

CONTACT NUMBER(S): _____

PRACTICE ADDRESS:

(Address of place or
institution in which
profession is practised)

QUALIFICATION(S): _____

SPECIAL AWARD(S): _____

{PLEASE TURN OVER}