Health Professions Council of South Africa

Form 24 OCP

PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS & PROSTHETICS & ARTS THERAPY
APPLICATION FOR REGISTRATION
ORIENTATION AND MOBILITY PRACTITIONER

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 for ease of tracking mail.
553 Madiba Street, Arcadia, Pretoria 0083

A. PERSONAL PARTICULARS

HPCSA Registration Number: .....

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: .....

Email: .....

* Marital Status: Divorced | Married | Single

Gender: Male | Female

* Race: Asian | African | Coloured | White

Country of origin: .....

Hereby apply to register as ..... and declare that I am the person referred to in the certificate below. Further, I have never been convicted of any criminal offence or been debarred from practising my profession in any country by reason of a criminal offence or unprofessional conduct and to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.

SIGNATURE: ..... **Date:** **20**

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

1. Registration fee: **R846.00** Annual Fee**: R643.00 applicable from the period 1 April 2026 to 31 March 2027.** Banking details as on the website (**Registration number as deposit reference)** **Please attach proof of payment**.
2. Documentary evidence of having successfully completed the qualification in Orientation and Mobility practitioner (Original and a copy of Certificate of training in the field of Orientation and Mobility qualification)
3. Attestation document to be sent directly to the HPCSA by the training institution.
4. A copy of my identity document or birth certificate.
5. A copy of my marriage certificate (should you wish to register in your married surname)

C. ACCEPTANCE OF LIABILITY BY SUPERVISOR

I (Dr, Mr, Mrs, Miss…….. with identity number……..

HPCSA Registration Number accept the responsibility to oversee professional acts to be

undertaken Mr, Mrs, Miss……

SIGNATURE:……..Date:……20……..

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.