

**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS
APPLICATION FOR ACCREDITATION OF PRIVATE BIOKINETIC PRACTICE
FOR THE TRAINING OF INTERN BIOKINETICISTS**

BK

DETAILS OF APPLICANT

Title (Prof/Dr/Mr/Mrs/Ms/Miss)

Initials and Surname:

Maiden Name (if any):

Postal address:

..... Postal Code:

Tel no.: (.....)..... Cell no.:

E-mail address:.....

- First application for accreditation
 - Follow-up application
 - Increase in number of interns
 - Proposed number of interns to be accommodated at practice
 - Copy of invoice/letterhead/business card attached
 - Change of Practice Location
 - Practices currently accredited:
-

DETAILS OF PRACTICES TO BE ACCREDITED/PREVIOUSLY ACCREDITED

A.

Name of practice:.....

Location of practice:.....

Physical address:.....

.....

.....

Postal Address:.....

..... Postal Code:

Name of Biokineticist responsible for supervision:.....

Registration Number: BK NO

Date of previous accreditation: Number of Posts:

B.

Name of practice:.....

Location of practice:.....

Physical address:.....

.....

.....

Postal Address:.....

.....Postal Code:

Name of Biokineticist responsible for supervision:.....

Registration Number: BK NO

Date of previous accreditation: Number of Posts:

C.

Name of practice:.....

Location of practice:.....

Physical address:.....

.....

.....

Postal Address:.....

.....Postal Code:

Name of Biokineticist responsible for supervision:.....

Registration Number: BK NO

Date of previous accreditation: Number of Posts:

I, the undersigned, declare that I am aware of the stipulations and guidelines pertaining to the training of intern biokineticists including the guidelines below and hereby undertake to abide by these rules and guidelines.

Comment (if any):

.....

.....

SIGNATURE

NAME (PLEASE PRINT)

DATE