



# SOUTH AFRICAN TIBB ASSOCIATION MEMBERSHIP APPLICATION FORM

## PERSONAL DETAILS

1. Surname:..... 2. First names:.....
3. Date of Birth: ..... 4. Age..... 5. Gender: ..... 6. Nationality:.....
7. Race:..... (required for statistical purposes)
8. Identity number:.....
9. Postal address:.....  
..... Code:.....
10. Residential address:.....  
..... Code:.....
11. Home no:..... Work:..... Fax:.....  
Cell:..... Email:.....
12. In respect of which profession(s), if any, are you already registered with any other Statutory Health Council and/or Association – indicate council(s), council registration number(s) and profession(s):.....  
.....  
.....  
.....

## EDUCATION AND TRAINING

- 13.1. Please indicate the qualification(s) you are submitting in support of your application as a Unani-Tibb doctor (certified copies required) as well as the name(s) of and contact detail(s) for the educational institution(s) concerned:  
.....  
.....  
.....
- 13.2. Please indicate the actual duration of each course and whether it is full time/part time or distance:

COURSE/QUALIFICATION	FULL TIME/PART TIME/DISTANCE	DURATION

13.3. Please indicate whether the educational institution(s) in respect of any foreign qualification (ie. Obtained outside South Africa) is/are officially accredited by the education authorities of the country in which they are situated.....

(please attach proof)

14. Master to Pupil: (To be completed by practitioners without formal training)

- Scope of Training:.....
- Duration of training:.....
- How long have you been in practice?.....

(Applicant to submit testimonials from trainers)

15. You are most welcome to attach also any further documentation or submit information which in your opinion is relevant and could be of benefit for the correct evaluation of your application.

16. You are required to submit the prescribed non-refundable application fee of R100. (The annual membership fees of R350 will be due after your application has been approved)

17. You are further required to submit proof of good character (two testimonials).

18. Have you ever been convicted of any criminal offence in any country?.....

19. Health status: are you physically and mentally fit?.....

If not, please give details.....

I hereby certify that all the information provided and documentation submitted is true and correct.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Place and date

**Return this application to: SATA, PO Box 375, Gatesville, 7766**

NB: Please note the summary given below of all the documentation that must be submitted with this application.

Kindly contact:

Colleen Johnson (021 638 3118 / 076 709 9854),

Professor Rashid Bhikha (011 991 7323) or

Dr Flangeni Manxiwa (083 634 4322) should you require any further information. It is recommended that your application be sent by registered post.

**SUMMARY OF DOCUMENTATION AND FEE TO BE SUBMITTED WITH THIS APPLICATION**

**Existing AHPCSA Members – Items A, D and F**

**Non-existing AHPCSA Members – Items A to F**

- A. Certified copies of the photograph page of your identity document (point 8)
- B. Certified copies of all relevant qualification certificates/degrees/diplomas (point 13.1)
- C. Proof of accreditation of foreign qualifications by the education authorities of the countries concerned (point 13.3.)
- D. Non-refundable application fee of R100
- E. Two testimonials (proof of good character) (point 17)
- F. Certified copy of AHPCSA certificate

----- **FOR OFFICE USE ONLY** -----

Date application received: .....

Date Reviewed:

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Comments: .....

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.....Approval: .....