

**APPLICATION FOR REGISTRATION AS A GENERAL  
PRACTITIONER CONSULTANT OR SPECIALIST**

1. Name: \_\_\_\_\_
2. Details of any change of name: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Telephone Numbers-Home: \_\_\_\_\_ Business: \_\_\_\_\_  
Cell: \_\_\_\_\_
6. Details of medical education:
  - a) Institution: \_\_\_\_\_
  - b) Degrees granted: \_\_\_\_\_
  - c) Practical training: \_\_\_\_\_
7. Area of medicine for consultant or specialist registration (where applicable) \_\_\_\_\_  
\_\_\_\_\_
8. Details of any other jurisdictions in which the applicant is registered as a medical practitioner  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you still eligible to practice there [  ] Yes [  ] No  
If not, please provide reasons \_\_\_\_\_  
\_\_\_\_\_
10. Is English your first language spoken, written and understood? [  ] Yes [  ] No

If not, please provide evidence that you understand, speak, write and read English at a satisfactory level to practice medicine.

Please attach two letters of recommendation, a certificate of good standing from all the other jurisdictions mentioned in item 4 and application fee.

\_\_\_\_\_  
*Applicant.*

**Statutory Declaration**

I, hereby declare on oath that the information contained in the above form is true and correct to the best of my knowledge, information and belief and that there have been no material changes to my situation since the date of my registration as a medical practitioner as detailed in item 3 above.

\_\_\_\_\_

*Applicant*

Sworn before me

at

On the ..... day of ..... 20.....

\_\_\_\_\_

*Commissioner of Oaths/Notary Public*