



Application for Registration as Supervisor

Name:
ID No.:
MPPB Warrant No.:
Address:
E-mail address:
Area of Specialisation:

I would like to apply as a Supervisor under:

- a) Board recognised training plus a minimum of 2 years working as psychologist in the area of specialisation, since obtaining the warrant to practice as a psychologist.
- b) Minimum of 6 years working as a psychologist in the area of specialisation, since obtaining the warrant to practice as a psychologist.
- c) Senior psychologist in organisations, supervising in the field/area practiced

Please provide necessary documentation supporting your application. Copies of documents submitted need to be authenticated.

Signature: _____

Date: _____