



CERTIFICATE OF ATTENDANCE

OCCUPATIONAL THERAPY APPLICANTS

A minimum of 16 observation hours is required

If you have difficulty in completing this form, please contact the department of Occupational Therapy on 011 717 3701/3

Name of Applicant

ID Number

Wits Person/Student Number

TO BE COMPLETED BY A QUALIFIED OCCUPATIONAL THERAPIST

This is to certify that the above applicant to the degree BSc (Occupational Therapy) has spent hours observing me at work in my practice / place of work and has gained some understanding into the requirements of the career to which s/he is applying.

Field of practice (please tick all that apply):

Paediatric

Spinal rehabilitation

Neurorehabilitation

Psychiatric rehabilitation

Vocational Rehabilitation

Medicolegal practice

Other (Please specify) _____

Signature Date:

Name Qualification(s)

Business address

HPCSA registration/Practice number

Telephone number

Official business stamp/card

Please feel free to make use of the below table:

Date Observed	Time Started	Time Ended	Hours (per day)	Attending Professional Signature	Applicant Signature