



JOB SHADOWING CERTIFICATE OF ATTENDANCE

PHYSIOTHERAPY APPLICANTS

A minimum of 16 observation hours are required

If you have difficulty in completing this form, please contact the Department of Physiotherapy on 011 717 3702

Name of Applicant

ID Number

Wits Person/Student Number

TO BE COMPLETED BY A QUALIFIED PHYSIOTHERAPIST

This is to certify that the above applicant to the degree BSc (Physiotherapy) 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.

Signature Date:

Name Qualification(s)

Business address

.....

HPCSA registration/Practice number

.....

Telephone number

Comments

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Official business stamp/card

Please feel free to make use of the below table:

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