

CERTIFICATE OF ATTENDANCE

OCCUPATIONAL THERAPY APPLICANTS

A minimum of 16 observation hours are required

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If you have difficulty in completing th	is form, please contact the de	partment of Oc	ccupational Therapy on 011 717 3701/3			
Name of Applicant						
ID Number						
Wits Person/Student Number						
TO BE COMPL	ETED BY A QUALIFIED (OCCUPATIO	NAL THERAPIST			
This is to certify that the above appl hours observing me at work in my prequirements of the career to which	oractice / place of work and	=				
Field of practice (please check al	I that apply):					
Paediatric ☐ Spinal reha	Spinal rehabilitation \square Neurorehabilitation \square					
Psychiatric rehabilitation □	Vocational Rehabili	tation \square	Medicolegal practice □			
Other (Please specify)			_			
Signature	Date:					
lameQualification(s)						
Business address						
HPCSA registration/Practice number			Official business stamp/card			
Telephone number						

Practitioner's comments
Applicant's comments
The Equility of Health Sciences thanks you far your assistance in anhancing our admissions are access by
The Faculty of Health Sciences thanks you for your assistance in enhancing our admissions process by completing this report.

APPLICANT

Please upload on the student self-service portal - https://self-service.wits.ac.za (click the Documents and Communications tile)

If your hours have been completed at different practices, please upload the Certificates of Attendance as one pdf.

IMPORTANT: Observation hours can be completed between July 2024 and July 2025.

CLOSING DATE FOR SUBMISSION IS 1 AUGUST 2025

Applications without the submitted forms will be declined as incomplete after this date.

Please feel free to make use of the below table:

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