



## 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 .....

.....

.....

Official business stamp/card

Practitioner's comments

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Applicant's comments

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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 file.**

**IMPORTANT:** Observation hours can be completed between July 2023 and July 2024.

**CLOSING DATE FOR SUBMISSION IS 1 AUGUST 2024**

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

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 |
|---------------|--------------|------------|-----------------------|----------------------------------|---------------------|
|               |              |            |                       |                                  |                     |
|               |              |            |                       |                                  |                     |
|               |              |            |                       |                                  |                     |
|               |              |            |                       |                                  |                     |
|               |              |            |                       |                                  |                     |
|               |              |            |                       |                                  |                     |
|               |              |            |                       |                                  |                     |
|               |              |            |                       |                                  |                     |