



PROOF OF VISIT TO OCCUPATIONAL THERAPY PRACTICE

ONLY APPLICABLE TO OCCUPATIONAL THERAPY APPLICANTS

PLEASE SUBMIT THIS DOCUMENT BEFORE 28 JUNE 2024.

The purpose of this visit is to ensure that prospective Occupational Therapy students of the University of the Free State have familiarised themselves of the nature of the profession of Occupational Therapy.

Name of learner:	ID No:
Name of occupational therapist: (OT)	
Address:	Field of practice:
HPCSA No:	Contact number:
Date of visit:	Duration of visit:
Nature of OT to which the learner was exposed:	
Additional comments of OT:	
Signature:	Date: