



Health Professions Councils of Namibia

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 36/37 Schönlein Street, Windhoek West
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 e-mail address: ahpc@hpcna.com.na

Allied Health Professions Council

Please complete this form in full. Completed forms must be addressed to the Registrar

To be completed in applicant's own hand

Application for Registration as a Student **Emergency Care Practitioner BASIC** (state profession)

The following documents (original or certified by a Commissioner of Oaths) must accompany your application:

1. Proof of citizenship (birth certificate, passport, identity document, *Certificate of Citizenship issued by Ministry of Home Affairs & Immigration (*only in the case of Namibian citizens).
2. Qualifications on which application is based.
3. Proof of acceptance as a student at an approved training institution. Date of commencement of training must be clearly stated.
4. A non-refundable application for registration fee of N\$180 as well as a fee of N\$210 for issue of a certificate is payable.

| | | | | | |
|---------------------|--------|--|--------|------|--------|
| Surname | | | Title | Mr. | Ms |
| First Names | | | | | |
| Maiden Name | | | Gender | Male | Female |
| Residential Address | | | | | |
| Postal Address | | | | | |
| Telephone | Home | | Fax | | |
| | Work | | Cell | | |
| | e-mail | | | | |

Please note: *In terms of the relevant legislation, any change in residential or postal address must be reported in writing to the Registrar within 30 days of such change taking place.*

Citizen of

Proof of status (*Passport, ID, Birth Certificate*)

(Please enter the type and number of the relevant document and attach a copy thereof)

PRESENT EMPLOYER

| Employer / Hospital/ Training Institution | Dept. | Post | Town / City | Dates |
|--|-------|------|-------------|-------|
| | | | | |

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- ☐ I am currently registered/enrolled as _____ with one of the Councils and wish to maintain my enrolment/registration during the period of my studies. I agree to pay the prescribed fee before or on 31 March of every year until I complete my studies. I further agree to inform Council in writing if, at any stage, I no longer wish to maintain my enrolment/registration.
- ☐ I do not want to maintain my registration/enrolment during my period of studies and request Council to remove my name from the register/roll for _____

APPROVED TRAINING INSTITUTION

| | | | |
|---------|---|---------------------------------|---|
| Name | EMTSS Cc | Commencement Date of Student | |
| Address | c/o Copper and Nickel Street Prosperita Windhoek Namibia | Expected Completion Date | Final Examination Remedial Examination |

I declare under oath/solemnly affirm that I have never in any country been convicted of any offence against the law or been debarred from practice by reason of misconduct and to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

Signature of Applicant

Date

Sworn / solemnly affirmed before me at _____ this ____ day of _____
20____.

Name

Official stamp

Signature

Commissioner of Oaths