



Health Professions Councils of Namibia

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ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

Please complete this form in full and in your own hand. Completed forms must be addressed to the Registrar

A

Application for the Cession of a Contract for Practical Training of an Intern

1. I _____ hereby apply to the relevant Council to cede the contract of Mr./Ms _____, an Intern, to another "Tutor".

2. Client (Account) No. of *applicant _____

3. The following fees are payable:

	<u>Namibian</u>	<u>Non-Citizen</u>
A non-refundable application fee:	N\$600.00	N\$900.00
Issuing of certificate:	N\$230.00	N\$345.00

B

Personal Particulars of *Applicant ("Tutor")

Surname and first names of practitioner Dr./Mr./Ms

Business Address (street, no. and suburb)

Postal Address

Contract Numbers Work, Home, Fax & Cell

Banking details: Allied Health Professions Council, First National Bank, Account number: 62074009012, Branch: Commercial Suite, Branch Code: 281872, Swift Code: FIRNNANX, Reference: Please use ONLY your client number as the reference.

e-mail address

Please print e-mail address clearly

C

Personal particulars of Present Tutor (Cedent)

Surname and first names
of practitioner

<input type="text"/>	Dr./Mr./Ms
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Client (Account) No

Business Address (street,
no. and suburb)

Postal Address

D

Particulars of Intern

Surname and first names
of Intern

<input type="text"/>	Mr./Ms
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Client (Account) No

Signature of Applicant (Tutor)

Date

Name of Applicant (Tutor) in block letters

Official stamp of business