

Initials and Date of
Receipt



Health Professions Councils of Namibia

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/ Fax +264 61 224549 / 271891
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ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

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

A APPLICATION AND INSPECTION FOR THE APPROVAL OF HOSPITAL AND HEALTH FACILITIES FOR PLACEMENT OF STUDENTS OR INTERNS FOR PRACTICAL ATTACHMENT

1. I / We _____ hereby apply to the relevant Council to offer training to qualified persons for registration to practice a profession.
2. Client (Account) No. _____
3. The following non-refundable fees are payable:

Application and inspection fee of **N\$15080.00** per day or part of a day

Issuing of certificate **N\$230.00**

A Particulars of Applicant

Name of Person /
Facility

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

Nature of facility and nature of education/tuition/training to be provided

Date of previous inspection (if any)

I undertake to inform the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.

Signature of Applicant

Date

Name of Applicant in block letters

Official stamp of business

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