



## Health Professions Councils of Namibia

P Bag 13387, Windhoek  
36/37 Schönlein Street, Windhoek West  
Telephone +264 61 245586 / 245928 / 247281 / 245052  
/ Fax +264 61 224549 / 271891  
e-mail address: [ahpc@hpcna.com.na](mailto:ahpc@hpcna.com.na)

### ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

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

#### A

#### Application and Registration as an Intern : \_\_\_\_\_

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 qualification evaluation from Namibia Qualification Authority (NQA) (Foreign trained).
4. Original transcript of subjects (Must be an official document with the official seal of the training institution)
5. Proof of acceptance as an intern at an approved training facility for placement for practical attachment. The date of commencement must be clearly stated.
6. Proof of competency in English if not a graduate of an English language university.
7. The following fees are payable:

	<u>Namibian</u>	<u>Non-Citizen</u>
A non-refundable application fee:	N\$370.00	N\$550.00
Issuing of certificate:	N\$230.00	N\$345.00
Logbook fee:	N\$620.00	N\$930.00

#### B

#### Personal Particulars

Surname	<input type="text"/>	Title	Mr.	Ms
			<input type="text"/>	<input type="text"/>

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.

First Names

Maiden Name  Gender 

Male	Female
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Residential Address

Postal Address

Telephone Home  Fax

Work  Cell

e-mail

*Please print your e-mail address clearly*

**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)**

**C**

**Qualification for registration**

University  Country

Degree/Diploma  Date obtained

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn / solemnly affirmed before me at \_\_\_\_\_  
\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Official stamp

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature  
*Commissioner of Oaths*

*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.*