



## Health Professions Councils of Namibia

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### ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

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

## APPLICATION FOR APPROVAL TO OFFER EDUCATION, TUITION OR TRAINING LEADING TO A REGISTRABLE QUALIFICATION

1. I / We \_\_\_\_\_ hereby apply to the Council to offer education, tuition or training leading to a registrable qualification.
2. Client /Account No. (if any) \_\_\_\_\_
3. The following non-refundable fees are payable:
  - a) Application fee of **N\$26 060.00**.
  - b) Certificate fee of **N\$230.00**.
  - c) Inspection fee for approval of educational institution: **N\$9600.00**, per day or part of a day
4. Attach the curriculum and any such particulars and documents regarding the education, tuition, or training to be offered.
5. Application for approval of curriculum should be accompanied by:
  - Proof of registration with Namibian Council of High Education.**
  - Report on training need assessment.**
  - Memorandum of Understanding between the educational institution and the hospital or health facility at which practical training will be offered.**

### A Particulars of Applicant

*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.*

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Name of  
person/Educational  
Institution/Facility

Postal Address:

Contact Numbers:

Work/Cell

E-mail Address:

*Please print e-mail address clearly*

Nature of course of study to be offered  
(certificate, diploma, degree, Master,  
PhD).

Name of course:

Minimum duration of course:

Intended date of introduction:

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the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant in block letters

Official stamp of Educational Institution/Training Facility.

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