



Health Professions Councils of Namibia

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NURSING COUNCIL

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

APPLICATION FOR APPROVAL OF A TRAINING FACILITY 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 fee	N\$2650.00
Fee to issue a certificate	N\$200.00
Inspection fee	N\$2650.00 (including a re-inspection or 2 nd or subsequent inspection) per day or part of a day

Particulars of Applicant

Name of Person / Facility

Postal Address

Contract Numbers

Work, Home,
Fax & Cell

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the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.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