Initials and Date of Receipt



## Health Professions Councils of Namibia

P Bag 13387, Windhoek

36/37 Schönlein Street, Windhoek West Telephone +264 61 245586 / 245928 / 247281 / 245052

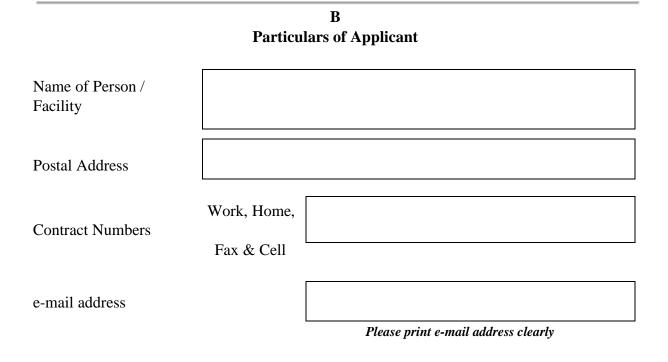
/ Fax +264 61 224549 / 271891 email address: nc@hpcna.com.na

## NURSING COUNCIL

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

## A APPLICATION BY A PERSON OR EDUCATIONAL INSTITUTION FOR APPROVAL OF A CURRICULUM TO OFFER OR PROVIDE EDUCATION, TUITION OR TRAINING

- 1. I / We\_\_\_\_ hereby apply to the relevant Council to offer \*education/\*tuition/\*training.
- 2. Client (Account) No.
- 3. The following non-refundable fees are payable: Approval of course of study(curriculum) N\$25,180.00



Bank details: First National Bank of Namibia, Account No. 62073052385, BC 281872 NB! Use your client number as our reference. 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the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.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

Name of Applicant in block letters

Official stamp of business

Date

Bank details: First National Bank of Namibia, Account No. 62073052385, BC 281872 NB! Use your client number as our reference.