

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: swpc@hpcna.com.na

Social Work and Psychology Council

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

A

Application for Restoration of a Name to the Register for

(state profession)

Client (Account) No.

The following documents (original or certified by a Commissioner of Oaths) must accompany your application:

- 1. Original or certified copy of Registration Certificate of the country where you are currently employed (Not applicable if employed in Namibia)
- 2. **Original** Letter of Good Standing (Certificate of Status) from every registering authority covering all countries you have worked in over the last 5 years. The certificate must be issued not more than 120 days before the date of submission of your application. *Applicable only to practitioners who had left Namibia to practise elsewhere.*

3.	The following non-refundable fees are payable:	
	Voluntary removal of your name:	
	Application for restoration fee N\$460	
	Issue of a restoration certificate N\$210	
	Annual maintaining fee N\$ 620. (for the current year)	
	Involuntary removal of your name (e.g. non-payment of annual fee before or on 31 March of a year)	
	Application for restoration fee N\$910	
	Issue of restoration certificate N\$210	
	Outstanding annual fees (overdue and current) N\$	

۸

A PERSONAL PARTICULARS				
Surname		Title	Prof./Dr	Mr./Ms
First Names				
Maiden Name		Gender	Male	Female
Postal Address				

Telephone	Home	Fax	
	Work	Cell	
	e-mail		

Please print e-mail address clearly

<u>Please note</u>: 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.

B

POSITIONS HELD SINCE REMOVAL OF NAME

Employer/ Hospital/ Practice	Post	Town / City	Country	Start and End Dates

|--|

С

2.(a) My name was removed from the Register for the following reason:

I have failed to notify the Registrar of my correct physical address within a period of 3 months	after
the date of a request for particulars of such physical address by the Registrar	

I have requested in writing that my name be removed from the register

I have failed to pay to the Council on or before 31 March of the year concerned the annual fees determined by Council and payable by me

- My name has been removed from the register, record or roll of an educational institution from which I received the qualification by virtue of which I was registered in terms of the of 2004) Act, 2004 (Act No.
- I was registered in error or as a result of fraud or in circumstances not authorized by the Act, 2004 (Act No. of 2004)

I was found guilty of unprofessional conduct and a penalty have been imposed upon me

 A criminal act was instituted against me 2.(b) I state that – I have paid the outstanding annual fees I have complied with all the conditions/requirements of 	the penalties imposed upon me
Signature of Applicant I declare/solemnly affirm under oath that I have never been found guilty of unprofessional conduct in any country, and involving or likely to involve a charge of any such nature are time.	to the best of my knowledge, no proceedings

Signature

Sworn / solemnly affirmed before me at _____ on this _____

day of _____ 20 ____

Name

Signature Commissioner of Oaths

Official stamp

D

Please tick ($\sqrt{}$) one of the options below

Please send my restoration certificate and practicing card by registered mail to the postal address indicated in Part A of this form

Please do not send my restoration certificate and practicing card by registered mail because I will collect it in person or arrange to have it collected by another person