

Initials and Date of
Receipt



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

A

Application for Registration as _____

(Indicate your profession please)

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 your application is based
3. Certificate of Registration
4. Proof of competency in English if not a graduate of an English medium university/training institution.
5. Original transcript of subjects (Must be an official document with the official seal of the training institution)
6. All documents must be translated into the English language and certified by a sworn translator
7. The following fees are payable:

Application for registration fee for -

Registered Nurse and/or Midwife and/or Accoucheur	N\$530.00
Enrolled Nurse and/or Midwife or Accoucheur	N\$330.00
Nursing Auxiliary	N\$330.00
Issue of certificate	N\$200.00
Ethics & Jurisprudence Manual	N\$330.00
Namibian Standard Treatment Guideline	N\$420.00
Epauettes (Pair)	N\$100.00
Badges (Pair)	N\$70
Bars (Pair)	N\$40

A *pro rata* annual (maintaining) fee is payable before your registration certificate will be released

B
Personal Particulars

Surname Title Prof. / Dr. Mr. / Ms

First Names

Maiden Name Gender Male Female

Residential Address

Postal Address

Telephone Home Fax
Work email
Cell

Please print clearly

Please note: *In terms of the relevant legislation, any change in residential or postal address taking place after the date of registration 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 certified copy thereof)

Have you been registered in any profession with a former professional Board or an interim health professions Council in Namibia before? If so, please provide details with regard to the approximate date (year) and profession below:

C

Training and Particulars of Registration

Category of registration requested	
Previous Registration Authority	
Previous Registration Number	

QUALIFICATION FOR REGISTRATION AS PRACTITIONER

University/Training Institution	
Country	
Degree / Diploma & Prescribed Duration of Training	
Date obtained	

INTERNSHIP / PRACTICAL TRAINING

Hospital/Training Institution	Dept.	Country	University	Dates (Starting and Ending each rotation)

EXPERIENCE AS PRACTITIONER
(Use a separate page if space is inadequate)

Hospital/Training Institution	Dept.	Post	Town / City	Country	Dates

PRESENT POSITION

Hospital/ Training Institution	Dept.	Post	Town / City	Country	Dates

**D
Employment in Namibia**

1. Name, address and telephone number of current or potential employer in Namibia and the profession in which you are employed

2. Will you serve in Namibia in terms of a contract with any local or international organization? If so, provide same particulars as in 1. above as well as term of contract

**E
Application for Registration**

I, the undersigned _____
(Full name(s) and Surname)

*Identity or *Passport Number _____
of _____
(Residential Address)

hereby apply for registration as a _____ in Namibia and under oath declare/solemnly affirm that –

1. I am the person mentioned in the accompanying qualification(s), namely –

- (a) _____ dated _____
- (b) _____ dated _____
- (c) _____ dated _____

submitted by me in support of my application to be registered in the Republic of Namibia as a

(Indicate your profession)

2. The said qualification(s) was / were granted to me after examination and is / are my own lawful property and entitle me as far as professional qualifications are concerned to practice my profession in the country of its / their origin, namely, _____.
3. The course of study in professional subjects undergone by me covered a period of _____ academic years.
4. The last _____ academic year(s) of professional study for admission to the examination for the qualification in respect of which I apply for registration were taken at:

(Name of University / Medical School / Training Institution)

5. I have never been convicted of any offence under any law or been found guilty of unprofessional conduct in any country, and to the best of my knowledge no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

Signature

Sworn / solemnly affirmed before me at _____ this _____
day of _____ 20 _____

Name

Official stamp

Signature
Commissioner of Oaths

F

Inspection of Professional Practice and Performance Assessment after registration

1. I accept and understand that, once I am registered with Council, Council may authorize any person in writing to inspect my professional practice, including the premises where such practice is being conducted, at any time and as and when deemed necessary by Council. I hereby give my consent to such an inspection.
2. I further accept and agree that I have to subject myself to performance assessments by the Council, which includes the assessment of my performance, skills, competence and knowledge.

Signature