



## 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

### NURSING COUNCIL

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

#### A

### APPLICATION FOR APPROVAL OF A TRAINING FACILITY FOR QUALIFIED PERSONS FOR REGISTRATION TO PRACTISE A PROFESSION

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

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the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.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