



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: nc@hpcna.com.na

NURSING COUNCIL

Please complete this form in full and in your own hand. Completed forms must be addressed to the Registrar

A

Application for the Cession of a Contract for Practical Training of an Intern

1. I _____ hereby apply to the relevant Council to cede the contract of Mr./Ms _____, an Intern, to another "Tutor".
2. Client (Account) No. of *applicant _____
3. A non-refundable application fee of N\$530.00 is payable as well as N\$200.00 for issuing of a certificate

B

Personal Particulars of *Applicant ("Tutor")

Surname and first names of practitioner		Dr./Mr./Ms
Business Address (street, no. and suburb)		
Postal Address		
Contract Numbers	Work, Home, Fax & Cell	
e-mail address		

C
Personal particulars of Present Tutor (Cedent)

Surname and first names
of practitioner

	Dr./Mr./Ms
--	------------

Client (Account) No.

--

Business Address (street,
no. and suburb)

--

Postal Address

--

C
Particulars of Intern

Surname and first names
of Intern

	Mr./Ms
--	--------

Client (Account) No.

--

Signature of Applicant (Tutor)

Date

Name of Applicant (Tutor) in block letters

Official stamp of business

