



## Health Professions Councils of Namibia

*P Bag 13387, Windhoek*

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*/ Fax +264 61 224549 / 271891*

*e-mail address: [nc@hpcna.com.na](mailto:nc@hpcna.com.na)*

### Nursing Council

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

### Application for Registration/Enrolment as a Student or a Pupil Enrolled Nurse

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. Proof of acceptance as a student at an approved educational/training institution. The date of commencement of training must be clearly stated.
4. The following fees are payable:

Application for registration fee for –

Student Nurse	N\$170
Student Nurse and Midwife or Student Accoucheur	N\$170
Student Midwife/Accoucheur	N\$170
Pupil Nurse and Midwife/Accoucheur	N\$170
Issue of certificate	N\$200

### A

### Personal Particulars

Surname	<input type="text"/>	Title	<input type="text" value="Mr."/>	<input type="text" value="Ms"/>
First Names	<input type="text"/>			
Maiden Name	<input type="text"/>	Gender	<input type="text" value="Male"/>	<input type="text" value="Female"/>
Residential Address	<input type="text"/>			
Postal Address	<input type="text"/>			
Telephone	Home	<input type="text"/>	Fax	<input type="text"/>
	Work	<input type="text"/>	Cell	<input type="text"/>
	e-mail	<input type="text"/>		

*Please print your e-mail address clearly*

**Please note:** 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

Citizen of

Proof of status (*Passport, ID, Birth Certificate*)

(Please enter the type and number of the relevant document **and attach a copy thereof**)

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**PRESENT EMPLOYER**

<b>Employer / Hospital/ Training Institution</b>	<b>Dept.</b>	<b>Post</b>	<b>Town / City</b>	<b>Dates</b>

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- I am currently enrolled/registered as \_\_\_\_\_ with one of the Councils and wish to maintain my enrolment/registration during the period of my studies. I agree to pay the prescribed annual fee before or on 31 March of every year until I complete my studies. I further agree to inform Council in writing if at any stage I no longer wish to maintain my enrolment/registration.
- I do not want to maintain my enrolment/registration during my period of studies and request Council to **remove my name** from the roll/register for \_\_\_\_\_

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**APPROVED TRAINING INSTITUTION**

Name  Commencement Date of Student/Pupil

Address  Expected Completion Date

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I declare under oath/solemnly affirm that I have never in any country been convicted of any offence against the law or been debarred from practice by reason of misconduct and to the best of my knowledge and belief 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 of Applicant

\_\_\_\_\_  
Date

Sworn / solemnly affirmed before me at \_\_\_\_\_ this \_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Name

Official stamp

\_\_\_\_\_  
Signature  
Commissioner of Oaths