



Health Professions Councils of Namibia

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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 by a registered practitioner for the issuing of a certificate of status

Profession _____

1. A non-refundable application fee of N\$ 460 is payable as well as a fee of N\$210 for issuing the Certificate of Status
2. An affidavit to the effect that no criminal proceedings are pending against the applicant is required

B

Personal Particulars

Surname		Prof./Dr.	Mr. / Ms
First Names			
Client (Account) No.		Male	Female
Business Address			
Residential Address			
Postal Address			
Telephone	Home		Fax
	Work		e-mail

Cell

Please print e-mail address clearly

C

Please indicate the purpose for which the Certificate of Status is required below (possible relocation, further studies, etc)

Signature of practitioner

Date

Name in block letters



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE

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E-MAIL ADDRESS : swpc@hpcna.com.na

Enquiries: Ms S Leppen and Ms N Shituula

PLEASE COMPLETE THIS FORM IN FULL. THE COMPLETED FORMS MUST BE ADDRESSED TO THE REGISTRAR

AFFIDAVIT IN TERMS OF SECTION 30 OF THE SOCIAL WORK AND PSYCHOLOGY ACT, 2004 (ACT NO. 6 OF 2004)

I, the undersigned, Prof; Dr; Mr; rs./Ms. _____,

with ID number: _____, HPCNA Customer No. _____ and

HPCNA Registration No. _____, do hereby declare that:

1. I am registered with the Health Professions Council of Namibia as a

(state the profession and the category)

2. I hereby confirm that there is no criminal or unprofessional conduct proceeding pending against me in any country at present.

DEPONENT

Solemnly sworn / affirmed before me at _____
this _____ day of _____ 20_____.

The Deponent has acknowledged that: he / she knows and understand the contents of this affidavit; he / she has no objection to taking the prescribed oath; and he / she considers the oath to be binding on his / her conscience.

Name

Official stamp

Signature
Commissioner of Oaths