

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: swpc@hpcna.com.na

SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA

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

APPLICATION FOR APPROVAL TO OFFER EDUCATION, TUITION OR TRAINING LEADING TO A REGISTRABLE QUALIFICATION

1.	I / We	hereby apply to the Council to offer	
educ	cation, tuition or training leading to a registr	able qualification.	
2.	Client /Account No. (if any)		
3.	The following non-refundable fees are payable:		
	a) Application fee of N\$26 700.00 .		
	b) Certificate fee of N\$230.00.		
		tional institution: N\$9600.00 , per day or part	
	of a day		
4.	Attach the curriculum and any such particulars and documents regarding the		
	education, tuition, or training to be offered	ed.	
	A Particulars o		
perso	me of son/Educational itution/Facility		

Banking details: Social Work and Psychology Council, First National Bank, Account number: 62074007454, Branch: Commercial Suite, Branch Code: 281872, Swift Code: FIRNNANX, Reference: Please use ONLY your client number as the reference.

Postal Address:		
Contact Numbers:	Work/Cell	
E-mail Address:		Please print e-mail address clearly
Nature of course of stud (certificate, diploma, d PhD).	-	
Name of course:		
Minimum duration of co	urse:	
Intended date of introduc	ction:	
Date of previous inspec	tion (if any):	
supervision, fails in his	or her training	riting if any person being trained by me or under my is withdrawn or voluntarily withdraws from training with his or her training.
Signature of Applicant		Date

Name of Applicant in block letters

Banking details: Social Work and Psychology Council, First National Bank, Account number: 62074007454, Branch: Commercial Suite, Branch Code: 281872, Swift Code: FIRNNANX, Reference: Please use ONLY your client number as the reference.

