

Initials and Date of Receipt



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

INSPECTION FOR THE APPROVAL OF EDUCATIONAL INSTITUTION: PAYMENT PER DAY OR PART OF A DAY

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:
 Inspection fee N\$9,600.00
 Issue of a Certificate N\$220.00

Particulars of Applicant

Name of Person /
Facility

***Bank details: First National Bank of Namibia, Account No. 62073052385, BC 281872
NB! Use your client number as our reference.***

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the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.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

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