

Initials and Date of  
Receipt



## Health Professions Councils of Namibia

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### NURSING COUNCIL

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

#### APPLICATION AND INSPECTION FOR THE APPROVAL OF HOSPITALS AND HEALTH FACILITIES FOR PLACEMENT OF STUDENTS AND PUPILS FOR PRACTICAL ATTACHMENTS 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\$ 15, 080.00 per day or part of a day

Issue of a Certificate N\$ 220.00

#### Particulars of Applicant

Name of Person / Facility

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the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.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

