



Health Professions Councils of Namibia

P Bag 13387, Windhoek

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/ Fax +264 61 224549 / 271891 e-

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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 –

	<u>Namibian Citizen</u>	<u>non-Citizen</u>
Student Nurse and Midwife/Accoucheur	N\$190.00	N\$760.00
Pupil Nurse and Midwife/Accoucheur	N\$190.00	N\$760.00
Pupil Auxillary Nurse	N\$190.00	N\$ 760.00
Issue of certificate	N\$220.00	N\$880.00

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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"/>

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

Residential Address

Postal Address

Telephone Home Fax
Work e-mail Cell
Please print your e-mail clearly

address

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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)

PRESENT EMPLOYER

Employer / Hospital/ Training Institution	Dept.	Post	Town / City	Dates

-
- 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

APPROVED TRAINING INSTITUTION

Name Commencement Date of Student/Pupil

Address Expected Completion Date

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