



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

A

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

Profession _____

1. The following fees are payable:

A non-refundable application for certificate of status	Namibian: N\$500.00	Non-Citizen: N\$2000.00
Issuing of certificate	N\$230.00	N\$920.00

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

--

Work

--

Cell

--

Fax

--

e-mail

--

Please print e-mail address clearly

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

Initials and Date of Receipt



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE

HEALTH PROFESSIONS COUNCILS OF NAMIBIA

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Social Work and Psychology Council of Namibia

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

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; Mrs/Ms. _____,

with ID/Passport 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

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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.

(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 & Signature
(Deponent)

Official stamp

Name & Signature
Commissioner of Oaths