



## Health Professions Councils of Namibia

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### SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA

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

#### A

### Application for the Cession of a Contract for Practical Training of an Intern

- I \_\_\_\_\_ hereby apply to the relevant Council to cede the contract of Mr./Ms \_\_\_\_\_, an Intern, to another "Tutor".
- Client (Account) No. of \*applicant \_\_\_\_\_
- The following fees are payable:
 

	<u>Namibian</u>	<u>Non-Citizen</u>
A non-refundable application fee:	N\$610.00	N\$2440.00
Issuing of certificate:	N\$230.00	N\$920.00

#### B

### Personal Particulars of \*Applicant ("Tutor")

Surname and first names  
of practitioner

	Dr./Mr./Ms
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Business Address (street,  
no. and suburb)

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Postal Address

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Contract Numbers

Work, Home, Fax  
& Cell

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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.*

e-mail address

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Please print e-mail address clearly

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**C**

**Personal particulars of Present Tutor (Cedent)**

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Surname and first names  
of practitioner

	Dr./Mr./Ms
--	------------

Client (Account) No

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Business Address (street,  
no. and suburb)

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Postal Address

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**D**

**Particulars of Intern**

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Surname and first names  
of Intern

	Mr./Ms
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Client (Account) No

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Signature of Applicant (Tutor)

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Date

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Name of Applicant (Tutor) 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.*

Official stamp of business

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