

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: <u>swpc@hpcna.com.na</u>

SOCIAL WORK AND PSYCHOLOGY COUNCIL OF NAMIBIA

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

Application for Registration of a Speciality / Sub-speciality /Additional Qualification

(state profession)

Client (Account) No.

The following documents (original or certified by a Commissioner of Oaths) must accompany your application:

- 1. Qualification(s) on which application is based
- 2. Original transcript of subjects (Must be an official document with the official seal of Training Institution)
- 3. Proof of duration of study course from the training facility
- 4. The following non-refundable fees are payable:

| Application for registration of a speciality | Namibian | Non-Citizen |
|--|------------|-------------|
| Social Worker | N\$610.00 | N\$2440.00 |
| Psychologist | N\$3990.00 | N\$15960.00 |
| Application for registration of additional qualification | Namibian | Non-Citizen |
| Social Worker | N\$610.00 | N\$2440.00 |
| Psychologist | N\$610.00 | N\$2440.00 |
| Psychological Counsellor | N\$610.00 | N\$2440.00 |
| Issuing of certificate | N\$230.00 | N\$920.00 |

| Surname | Title | Prof./Dr. | Mr./Ms |
|-------------|--------|-----------|--------|
| | | | |
| First Names | | | |
| | | | |
| Maiden Name | Gender | Male | Female |
| Maiden Name | Gender | Male | Female |

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.

| Postal Addres | S | | | |
|---------------|--------|--|------|---|
| Telephone | Home | | Fax | |
| | Work | | Cell | |
| | e-mail | | | · |

Please print e-mail address clearly

<u>Please note:</u> 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.

Particulars of Speciality / Sub-speciality / Additional Qualification

| University/Training Institution | Country | Degree | Date |
|------------------------------------|---------|--------|------|
| | | | |
| | | | |
| | | | |

I hereby apply to have the above a speciality / sub-speciality / additional qualification registered against my name in the Register for _____

declare that I lawfully possess the above qualification.

(state profession)

I, _

(First name(s) and Surname)

Signature of Applicant

Date

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