



## 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](mailto: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 for confirming registration status

Profession \_\_\_\_\_

1. A non-refundable application fee is payable:

**Namibian :N\$380.00**

**Non-Citizen: N\$1520.00**

#### B

#### Personal Particulars

Surname			Prof./Dr.	Mr. / Ms
First Names				
Client (Account) No.			Male	Female
Business Address				
Residential Address				
Postal Address				

Telephone	Home		Fax e-mail	
	Work			
	Cell			

**Please print e-mail address clearly**

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Signature of practitioner

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Date

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Name in block letters

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