



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE !

## Health Professions Council of Namibia

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### ALLIED HEALTH PROFESSIONS BOARD

*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 the agreement of Internship

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

	<u>Namibian</u>	<u>Non-Citizen</u>
A non-refundable application fee:	<b>NS\$630.00</b>	<b>NS\$950.00</b>
Issuing of certificate:	<b>NS\$240.00</b>	<b>NS\$240.00</b>

#### 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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*Banking details: Health Professions Council of Namibia, First National Bank of Namibia, Account number: 62072210695, Branch Code: 281872, Reference: Please use ONLY your client number as the reference.*

Postal Address

Contract Numbers

Work, Home, Fax  
& Cell

e-mail address

**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

<input type="text"/>	Dr./Mr./Ms
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Client (Account) No

Business Address (street,  
no. and suburb)

Postal Address

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**D**

**Particulars of Intern**

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Surname and first names  
of Intern

<input type="text"/>	Mr./Ms
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Client (Account) No

\_\_\_\_\_  
Signature of Applicant (Tutor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant (Tutor) in block letters

Official stamp of business