

##### **ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE**



**APPLICATION FOR CERTIFICATE OF GOODSTANDING**

DOCUMENTS WHICH MUST BE SUBMITTED WITH THIS FORM

1. Copy of Registration and Practising Certificate (the most up to date copy)
2. A reference letter from your current employer
3. A reference letter from a professional colleague who has been in the profession before applicant
4. Certificate of Goodstanding, Registration Certificate and Practising certificate from current regulatory board if practising out of Zimbabwe.

**NOTE: Application fee applies**

**Personal Data**

|  |  |
| --- | --- |
| NAME & SURNAME |  |
| REGISTRATION NO. |  |
| ID NUMBER |  |
| EMAIL ADDRESS |  |
| TELEPHONE NUMBER |  |
| HOME ADDRESS |  |
|  |  |
|  |  |
| EMPLOYER |  |
| Have you ever practiced outside Zimbabwe, if yes please state the name of the country and the regulatory body of your profession in that country |  |
| NAME OF UNIVERSITY/  TRAINING SCHOOL |  |
| FULL NAME OF |  |
| QUALIFICATIONS |  |
| YEAR OF QUALIFICATION |  |
| Have you ever been subject to any disciplinary processes. If yes give details |  |
| Have you ever been convicted of any criminal offence. If yes give details |  |

**AHPCZ will carry out regulatory checks with your previous or current employers and regulatory bodies before issuing out the Certificate of Good standing**

***(For office use)***

Received (Amount)\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_ Receipt No:\_\_\_\_\_\_\_\_\_\_\_\_\_