
ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

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APPLICATION FORM FOR PHILANTHROPIC PRACTITIONERS

Incomplete applications will be subject to delay in processing

This form to be completed by every Practitioner participating in any form of Philanthropic activity. All applicants should comply with the national laws of the country.

DOCUMENTS WHICH MUST BE SUBMITTED WITH THIS FORM

- Recent original Certificate of Good Standing
- Up to date curriculum vitae
- 2 passport size photos
- Certified Passport
- Schedule of services compiled by the local coordinator
- Confirmation of permission from the Clinical Director / Practitioner in Charge of the Institution (who should be a practitioner of the institution where the mission would be undertaken - Provincial Medical Officer)
- Duration of the mission
- Complete list of practitioners
- Application fee.

Section A: Particulars of Applicant

Surname:.....

Forename (S):.....

Nationality:.....

Email Address:..... ID/PASSPORT NO.....

Section B: Qualifications and Country of Practice

Primary Qualifications:

Postgraduate Qualification.....

.....

Year Awarded:.....Awarding University:.....

Current Country Of Practice:.....

Registration Number /ID:.....

Current Employment:.....

Section C: Coordinating Institution and Coordinator

Coordinating Organisation/Institution.....

Name of Local Coordinator:.....

Qualifications:.....

Place of Employment for the Coordinator.....

Designation:.....

Section D: Nature of Philanthropic: (Please tick appropriate box)

Patient Care: ☐

Teaching (Non-Clinical): ☐

Teaching and Clinical: ☐

Sections E: Institution Type (Please tick appropriate box)

Government Institution: ☐

Community: ☐

Mission Hospital: ☐

Private Institution: ☐

Signature:.....
(Applicant)

Date:.....

Signature:.....
(Local Coordinator)

Date:.....