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# 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.....

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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:.....