**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:………………………………………………….. Date:……………………………………………………….

(*Applicant*)

Signature:………………………………………………….. Date:………………………………………………………. (*Local Coordinator*)