ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

20 Worcester Road Eastlea, Harare P.O Box A14, Avondale, Harare Phone: +263 4 303027 or Cell: +263 771 056 413 E-Mail: registrations@ahpcz.co.zw Website: www.ahpcz.co.zw

APPLICATION FOR STUDENT REGISTRATION

MISS ()

FEMALE ()

MS()

TITLE MR() MRS() SEX MALE() SURNAME

SURNAME	
FORENAMES	
DATE OF BIRTH	
PLACE OF BIRTH	
COUNTRY	
NATIONALITY	
RESIDENTIAL ADDRESS	
CELL NO	
TEL (HOME)	
EMAIL ADDRESS	
ID NUMBER	

2. PROGRAMME DETAILS

NAME OF COLLEGE/	
UNIVERSITY/TRAINING SCHOOL	
DEGREE/PROGRAMME BEING	
UNDERTAKEN	
DATE OF COMMENCEMENT	
DATE OF COMPLETION	

SIGNATURE OF STUDENT		DATE	
NAME OF DEAN/HEAD OF SCHOOL OF TRAINING	SIGNATURE	DATE	
Signature of Education Committee Chairman:	For Official Use only Approved () Disapproved () Date:	
DATE OF REGISTRATION:	. SIGNATURE:		
Received Amount Da	te	Receipt Number	

DOCUMENTS WHICH MUST BE SUBMITTED WITH THIS FORM

- 1. Certified Copies of O' Level Certificates (5 subjects required, English, Maths and Science and pre-requisites (Registered General Nursing accepted in place of mathematics)
- 2. One recent passport-size photograph.
- 3. Certified Copy of national ID
- 4. Certified copy of Driver's Licence.
- 5. Acceptance letter from school of training, college or University
- 6. For Foreigners Police Clearance, Residential permit/study permit/work permit
- 7. Student Registration Fee applies. (This fee covers your full period of training)

NOTE:

- *i.* Documents which are in a language other than English must be translated into English by a recognised interpreter and properly authenticated.
- *ii.* Applicants must comply with the Zimbabwe immigration laws.