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: admin@ahpcz.co.zw
Website: www.ahpcz.co.zw

APPLICATION FOR STUDENT REGISTRATION

TITLE	MR ()	MRS()	MISS()	MS()	
SEX	MALE ()	F	EMALE ()		
SURNAME					
FORENAMES					
DATE OF BIRTH	D D M M	YY			
PLACE OF BIRTH					
COUNTRY					
NATIONALITY					
RESIDENTIAL ADDRESS					
CELL NO					
TEL (HOME)					
EMAIL ADDRESS					
ID NUMBER					
PROGRAMME DETAILS NAME OF COLLEGE/ UNIVERSITY/TRAINING SCHOOL DEGREE/PROGRAMME BEING UNDERTAKEN					
DATE OF COMMENCEMENT					
DATE OF COMPLETION					
GNATURE OF STUDENT			 DA1	re	
ME OF DEAN/HEAD OF SCHOOL OF TRAINII		NATURE		DAT	E
	For Off	icial Use on	ly		
nature of Education Committee Chairman:				sapproved ()	Date:
E OF REGISTRATION:		SIGNAT	IIDE:		

DOCUMENTS WHICH MUST BE SUBMITTED WITH THIS FORM

- 1. Certified Copies of O' Level Certificates and A'Level Certificates
- 2. Certified copies of Degrees & Transcripts, Diplomas, Certificates (if available)
- 3. One recent passport-size photograph.
- 4. Certified Copy of national ID
- 5. Certified copy of acceptance letter from school of training, college or University
- 6. Student Registration Fee must be enclosed with this application. (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.