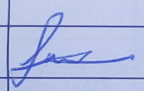
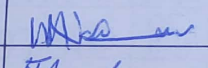
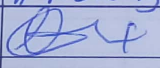
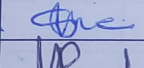
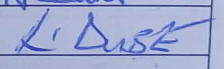
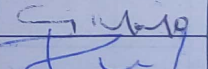
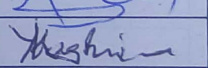


Date	Topic
24/12 2021	Signs of stress among primary school children
23-24 01/21	Mental Health Workshop for Adolescents
14/4 2021	Autism and ABA Therapy
21/4 2021	Community service - mental health awareness
21/5 2021	Mental Health in children in orphanages
23/6 2021	Bullying in schools
29/6 2021	Psychosocial Support for students during COVID-19
15/7 2021	Disability Based violence
30/7 2021	Self-care & Mental Health
31/7 2021	Empathy Insight Prototyping Sustainability Workshop
2/8 2021	Community service at doctors chambers
09-8 2021	Parenting styles during the Pandemic COVID
21-08 2021	Stress Management Workshop

[Type text]

CME		Facilitator	Stamped/Signed by
Category	Points		
2a	2	S. THOLANAH	
2b	15	V. SIBANPA	V. Sibanda
2a	2	M. Ndlovu	
9	2	T. Madlangue	T. Madlangue
2a	2	Thembeiso Cheliso Home	
4a	6	S. mlotshe	
4a	6	R. Anderson	R. Anderson
2a	2	N. ZULU	N. Zulu
4a	2	VOMAC	
7	2	PSH - Clinic	
9	2	WOTA	
2b	15	Y. Kashuri	Kashuri
2b	4	Mr. R Dube	R. Dube



Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account Name:

66161383840028

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time:

2022-09-23 16:28:08 PM

Amount Deposited:

USD 98.00

Narrative:

Cash Deposit

Teller Id and Ref:

12WMAFFUMO

012CHDP222660150

Bank Copy

change \$2

TICK WHERE APPLICABLE

USD ☒ ZAR ☐ GBP ☐ EURO ☐ BWP ☐

OTHER SPECIFY

500 x				
200 x				
100 x				
50 x				
20 x	5	10		
10 x				
5 x				
2 x				
1 x				
Other				
Total:	100	98		

TELLER'S
TAMP
INITIALS

OB 1217111 M040

I confirm that the amount stated on this slip is the correct amount and hereby indemnify CBZ Bank Ltd from any losses arising from incorrect details. I acknowledge that I shall reserve the right to reverse any transaction inconsistent with the amount stated herein.

Signature: _____



Change
\$2.

Confirmation of Cash Deposit

CASH DEPOSIT ADVISE

Account No and Name : 66161383840028 ALLIED HEALTH PRACTITIONERS
Date and Time : 2022-09-23 16:28:08 PM
Amount Deposited : USD 98.00
Narrative : Cash Deposit
Teller Id and Ref : 12WMAFFUMO 012CHDP222660150

Bank Copy

TELLER'S
STAMP
AND INITIALS

NQOB1217HA/MC40

I confirm that the amount stated on this slip is the correct amount deposited and hereby indemnify CBZ Bank Ltd from any losses arising from incorrect details. I acknowledge that Bank shall reserve the right to reverse any transaction inconsistent with the amount stated herein.

Signature: _____