

# ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

## PRACTISING CERTIFICATE RENEWAL FORM – YEAR 2023

### INSTRUCTIONS

PLEASE NOTE THIS INFORMATION WILL BE USED FOR THE DIGITAL PLATFORM WE ARE INTRODUCING IN THE NEAR FUTURE. KINDLY ENSURE ACCURACY (ESPECIALY ON NAME, REGISTRATION NUMBER AND ID NUMBER) AND FILL IN ALL SECTIONS

1. **Profession** - Clearly state your registered profession

NB

- i. Counsellors:

Also state your registered qualification e.g **Counsellor - Certificate**

- ii. Radiographers and Ultrasonographers:

- Clearly specify if you are Diagnostic or Therapeutic and your ultrasonography registration status, i.e. Student, Ultrasonographer or Specialist) e.g **Therapeutic Radiographer and student**

**Ultrasonographer**

- iii. Psychologists

- Clearly specify your area of Specialty e.g. **Occupational Psychologist**

2. Save the document in your name and Profession eg. 'Mateka Telmore Radiographer Renewal 2021'

<b>1. BASIC INFORMATION</b>	
Full Name – as on ID (Start with surname)	NTAMBI LYNETTE
Profession	COUNSELLOR
AHPCZ Registration Number	0120
Phone Number	0772359969 / 0715880569
Email Address	fafitaku@yahoo.com
ID - Number	63-826476 D29
<b>2. REGISTERED CATEGORY (TICK WHERE APPLICABLE)- Verify your registered category on your Registration Certificate</b>	
a. Main Register	<input checked="" type="checkbox"/>
b. Internship	<input type="checkbox"/>
c. Provisional	<input type="checkbox"/>
<b>3. PRACTISING STATUS (TICK WHERE APPLICABLE)</b>	
a. Practising in Zimbabwe	<input checked="" type="checkbox"/>
b. Practising Out of Zimbabwe	<input type="checkbox"/>
i. Maintenance only	<input type="checkbox"/>
ii. Requires Practising Certificate	<input type="checkbox"/>
c. Not Practicing	<input type="checkbox"/>
i. Maintenance Only	<input type="checkbox"/>
ii. Requires Practising Certificate	<input type="checkbox"/>
<b>4. CPD POINTS ATTAINED (for selected professions)</b>	
<b>5. PAYMENT DETAILS</b>	
a. Amount Paid and Code of payment	ZWL 105 070
b. Date of Payment	03/03/23
c. Payment Platform (Ecocash/CBZ/SCB/Nostro)	CBZ Local

DATE 03/03/23

SIGNATURE

NTAMBI

1. Kindly save the document in your name eg. 'Mateka Telmore Radiographer Renewal 2021'

NAME: LENETTE NJAMBI

PHYSICAL

ADDRESS: 15 CHRISTCHURCH AVENUE

STRATHAMEN, HARARE

POSTAL

ADDRESS: AS A302

TEL: (Home)

(Cell) 0772359969 0715880569

(Work) 0242 7

ID

NUMBER: 63-826476 D 29

EMPLOYER CONTACT FAMILY COUNSELLING CENTRE

EMPLOYER

ADDRESS 9 BARBER CLOSE, PARKVIEW

BULAWAYO

SIGNATURE: Njambi

DATE

03/10/22



Date	CPD Category	Description	Stamp & Signature
	9	counselled a client who had killed her new baby, tried to commit suicide but survived and was sentenced to 13 years.	
25/09/22	4	Presented to PIS on child sexual abuse management at Heine Magistrate Court.	
26/10/22	9	Child counselling (PTCS), Adjustment disorder, Anxiety Attachment (attended the 2 day workshop)	J Mandla
04/10/22	8	Individual Supervisor (Personal Psychotherapy by external Supervisor.	J Mandla
05/10/22	9	Play therapy with children 5yrs under - Capacity building.	J Mandla
27/10/22	4	Attended the online AHPZ counsellors CPD POCs workshop	
28/10/22	4	Participated in the Counsellors group supervision	
01/11/22	4	Presented a mental case during the Counsellors group supervision	
11/11/22	9	Participated in the internal staff capacity building workshop on Ethics	J Mandla

Date	CPD Category	Description	Stamp & Signature
11/02/22 - 15/02/22	2b	Attended and facilitated the refresher training on Management of Sexual Abuse of minor Counsellors, Health promoters, and Social workers	
18/03/22	2a	Presented on vicarious Trauma and Countertransference to stakeholders	
13/04/22	2a	Presented on Basic counselling skills and case management to COWC - Hupfied	
04/05/22	9	Facilitated Young mothers life skills training	
05/05/22		Training and Bereavement counselling to a rape and RTA survivor	
06/06/22	7	Community sensitization on child rights and SCAB - Warren Park b	
26/08/22	4	Child development stages presentation during VFC meeting at Heine Magistrate court.	
	2a	Presented on Women Rights and responsibilities in a family at Anglican Cathedral during their group D. Mutshanzuza	
	2c	Attended and presented on workshop on SCAB management in Graham.	
	6	Supervision of 4 social work interns from NJIA	



**RTGS Transfer: Transaction Complete. Transaction reference is FT/23062/GDPJY**

<b>IMTT Tax Condition</b>	<b>001</b>	IMTT Taxable
<b>Transfer from Account</b>	<b>1004973799</b>	SUPPORT PRINTERS AND PACKAGING PV
<b>Amount Transferred</b>	<b>105,070.00</b>	
<b>Transfer Currency</b>	<b>ZWL</b>	
<b>Transfer Date</b>	<b>03 MAR 2023</b>	
<b>Beneficiary Reference</b>	<b>Lynette Njambl</b>	
<b>Payment Reference</b>	<b>Lynette Njambl</b>	
<b>Beneficiary Account Name</b>	<b>Allied Health Practitioners Co</b>	
<b>Beneficiary Account Number</b>	<b>66161383840018</b>	
<b>Beneficiary Bank Code</b>	<b>6000</b>	CDZ BANK LIMITED
<b>(Press Control + P to print)</b>		