

FROM:	Standard Chartered Bank
REFERENCE NUMBER:	1270183066111
SUBJECT:	Local Funds Transfer - Successful
DATE:	03/10/2022
MESSAGE CATEGORY:	Post Transaction Notification

Dear Customer,

Your local funds transfer request with the following details is successful.

Reference Number : ZW-012-221003-153616176-977900-110

Transfer From : CURRENT ACCOUNT - SPECIAL,XXXXXXXXXX7700,ZWL

Beneficiary Details : Allied health practitioners council,XXXXXXXXXX6900,ZWL

Beneficiary Bank Name : STANDARD CHARTERED BANK

Transfer Amount : ZWL 56,811.00

Debit Amount : ZWL 56,811.00

Indicative Exchange Rate : 1.00

Description (Purpose of Transfer) : registration fee for R Chakupa HIM

Transfer Date (DD/MM/YYYY) : 03/10/2022

Please call our Call Centre on 4263 242 264281 or 021 176 4075 if you have any queries.

Full Name \_\_\_\_\_

Reg No. \_\_\_\_\_

Reg Date: \_\_\_\_\_

## ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

20 Worcester Road  
Eastlea, Harare  
P.O. Box A14

Avondale, Harare

Phone: +263 4 303027, Cell: +263 771 056 413

E-mail: [registrations@ahpcz.co.zw](mailto:registrations@ahpcz.co.zw)

Website: [www.ahpcz.co.zw](http://www.ahpcz.co.zw)

### **APPLICATION FOR REGISTRATION**

**Incomplete applications will be subject to delay in processing**

### **DOCUMENTS WHICH MUST BE SUBMITTED WITH THIS FORM**

1. Certificate of Good Standing issued by the appropriate Council/Authority where you are currently practicing (issued within the last three months).
  2. Certified copies of Degrees & Transcripts, Diplomas, Certificates, A'level/O'level.
  3. Certificate of completion of internship/ a file of practical internship program
  4. Two recent testimonials from professional supervisors/school of training (relative to the last six months), (use reference check form).
  5. Syllabus of the intended internship program
  6. Letter of commitment from internship supervisor/ job description (where appropriate)
  7. Record of student practical training.
  8. One recent passport-size photograph.
  9. Certified Copy of national ID document.
  10. Any other supporting documents.
  11. Certified copy of Drivers Licence
  12. Affidavit of work experience (if you have more than 3 months after qualification)
  13. Confirmation letter of employment from Employer (for those who are employed)
  14. Letter from applicant on payment for internship supervision.
  15. Valid Work Permit (For Foreigners)
  16. Course Content/Syllabus for foreign qualifications which have never been registered by AHPCZ
  17. Copies of AHPCZ Student Registration and Practicing Certificates
- NOTE:**
- i. Documents which are in a language other than English must be translated into English by a recognised interpreter and properly authenticated.
  - ii. The Council is empowered to require an applicant to with specific requirements – eg employment under supervision, as a condition of registration.
  - iii. Applicants must comply with the Zimbabwe immigration laws.

**Any person who practices his/ her profession in Zimbabwe whilst not registered and is not in possession of a current practicing Certificate is liable to prosecution.**

### **Board Examination Fee**

Received (amount) ..... Date ..... Receipt No. ....

### **Registration Fee**

Received (amount) ..... Date ..... Receipt No. ....

I hereby make application for registration as a... (Please Tick One)

Ambulance Technician	Clinical Social Worker
Counsellor	Dietician
E.C.G. Technicians	E.E.G Technician
Emergency Medical Technician	Health Education Promotion Practitioner
Hospital Equipment Technician	Hospital Food Service Supervisor
Medical Physicist	Natural Therapist <i>ftm</i>
Nutritionist	Operating Theatre Technician
Paramedic	Psychologist
Radiographer	X-Ray Operator

### 1. PERSONAL DATA

TITLE:	<i>Mr</i> ..... (Mr, Mrs, Miss, Dr, Prof)
GENDER	MALE / <del>FEMALE</del>
SURNAME:	<i>Chakupa</i>
FIRST NAMES:	<i>Ranganai</i>
PREVIOUS NAMES: (where applicable)	
DATE OF BIRTH:	Day/Month/Year <i>22/09/67</i>
E-MAIL ADDRESS	<i>rchakupal967@gmail.com.</i>
PLACE OF BIRTH – COUNTRY	<i>Zimbabwe</i>
NATIONALITY	<i>Zimbabwean</i>
MARITAL STATUS:	<del>MARRIED</del> / SINGLE / OTHER (STATE)
PERMANENT HOME ADDRESS:	<i>House No 964, Marawi Street, Muzurwi</i>
CONTACT ADDRESS:	<i>Muzurwi Hospital - Box 1, Muzurwi</i>
PHONE NUMBER:	<i>0775 065 626</i>
ID REGISTRATION NUMBER	<i>70056787F70</i>

### 2. PROFESSIONAL QUALIFICATIONS

QUALIFICATIONS	NAME OF INSTITUTE	FROM	TO	AWARDED BY	DATE AWARDED
<i>N-C</i>	<i>Harare Poly</i>	<i>1995</i>	<i>1996</i>	<i>Hexco</i>	<i>1996-5 Aug</i>
<i>Dipoma</i>	<i>Cambridge Tutorial</i>	<i>1998</i>	<i>1999</i>	<i>Cambridge Tutorial</i>	<i>23/11/1999</i>

### 3. DETAILS OF TRAINING (where applicable)

NAME AND PLACE	FROM	TO	DISCIPLINE
<i>Harare Poly</i>	<i>1995</i>	<i>1996</i>	<i>Library &amp; Infor science</i>
<i>Cambridge Tutorial</i>	<i>1998</i>	<i>1999</i>	<i>Computer training</i>

#### 4. DETAILS OF PRESENT EMPLOYER

NAME OF EMPLOYER	Ministry of Health and Child Care
ADDRESS AND CONTACTS	Mkurwi Hospital Box 1, Myurusi
JOB TITLE	Health Information Assistant.
BRIEF JOB DESCRIPTION	Health Information Management
PERIOD / DATE EMPLOYED	FROM 03 October 1989

#### 5. PREVIOUS EXPERIENCE/EMPLOYMENT

*Please list all RELEVANT employment experience in reverse chronological order. You are welcome to provide greater details in an attachment to this form.*

5.1 DATES FROM: 03 October 1989 TO: Date  
EMPLOYER'S NAME: Ministry of Health and Child care  
EMPLOYER'S ADDRESS: Box 241122 Causeway Harare  
JOB TITLE: Health Information Management  
BRIEF JOB DESCRIPTION: Health Information Management.

5.2 DATES FROM: 1986 TO: 1989  
EMPLOYER'S NAME: Ministry of Primary and Secondary Education.  
EMPLOYER'S ADDRESS: Causeway Harare.  
JOB TITLE: Teacher  
BRIEF JOB DESCRIPTION: Science subjects Teacher

5.3 DATES FROM: TO:  
EMPLOYER'S NAME:  
EMPLOYER'S ADDRESS:  
JOB TITLE:  
BRIEF JOB DESCRIPTION:

6. **CAREER OBJECTIVE** (Including aims of obtaining registration and proposed field of practice)  
To acquire Higher National Diploma in Health Care and Information Management.

7. ANY OTHER RELEVANT INFORMATION

**SOLEMN DECLARATION**

I, Rangani Chakupa (Full Names)  
A, (Quote Profession) Health Information Manager  
of (Residential Address) 964 Majani street Mvurwi.  
(Business Address) Mvurwi Hospital Box 1 Mvurwi

do hereby solemnly and sincerely declare as follows:

1. THAT I am the person whose name appears on the certificates of the degree, diploma or other certificate on which I rely as a qualification for registration, being Certificate No (if applicable) 11790 dated 30/04/1996

which was issued to me by Hexco after being duly examined.

2. THAT -

- a) I have never been debarred from practice on the grounds of professional misconduct;  
b) my name has never been removed from any register of members of my profession kept in accordance with the laws of any country in which I have practised my professions;  
c) no inquiry is pending which may result in -  
i) my being debarred from practice on the grounds of professional misconduct; or  
ii) the removal of my name from any register referred to in sub-paragraph (b).

3. THAT the universities, medical schools or training schools at which and the periods during which I received my training are as follows:-

Name of Institution

Period of Training  
From ... To

Harare Poly

1995 - 1996

4. THAT I reside or intend if registration is granted to reside within Zimbabwe.

  
Applicant's Signature

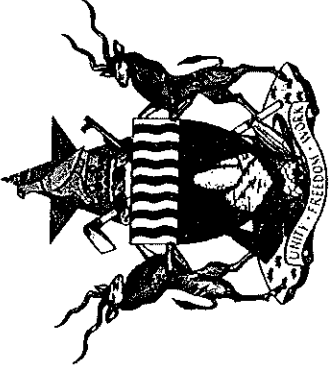
28/09/22  
Date

For AHP CZ Office

Application Approved ( ) Application Disapproved ( )

Signature \_\_\_\_\_ Date : \_\_\_\_\_

NOTE: This form is required to be completed and signed by one of the following persons -  
The Registrar or Chairman of the Allied Health Council; or a member of the Education Committee as the attesting officer.



ZIMBABWE

B 11790

## MINISTRY OF HIGHER EDUCATION

*This is to certify that*

RANGANAI CHAKUPA

*has been awarded the*

## NATIONAL CERTIFICATE

*in*

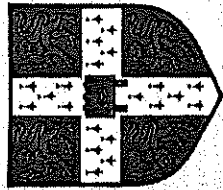
HEALTH CARE INFORMATION & MEDICAL RECORDS

*on the* 30<sup>th</sup> *day of* April 19 96

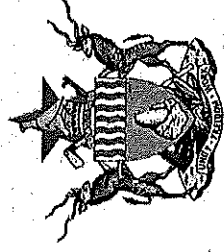
Having satisfied the Examiners in the designated areas, and is therefore entitled to the professional privileges and responsibilities emanating there-to.

*Ranganai Chakupa*

Secretary for Higher Education



UNIVERSITY OF CAMBRIDGE  
LOCAL EXAMINATIONS SYNDICATE  
INTERNATIONAL EXAMINATIONS  
in collaboration with  
THE MINISTRY OF  
EDUCATION AND CULTURE  
ZIMBABWE



## GENERAL CERTIFICATE OF EDUCATION

This is to certify that the candidate named below sat the General Certificate of Education Examination and reached at least Grade E in the subject(s) named.

CHAKUPA: RANGANAYI

Z7330

69

ENGLISH LANGUAGE

C (c)

SUBJECTS RECORDED ONE

SUBJECTS GRADED C OR BETTER ONE

EXAMINATION OF JUNE 1990

1257- Ww

*Indisana*

Vice-Chancellor

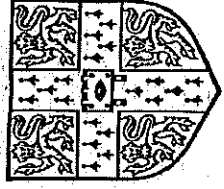
MVURWI HOSPITAL  
COMMISSIONER OF OATHS

13 SEP 2022

LPO. ROY. MVURWI

Permanent Secretary  
Education and Culture

UNIVERSITY  
OF CAMBRIDGE



LOCAL EXAMINATIONS  
SYNDICATE

INTERNATIONAL EXAMINATIONS  
IN COLLABORATION WITH

THE MINISTRY OF EDUCATION, ZIMBABWE

## GENERAL CERTIFICATE OF EDUCATION

This is to certify that the candidate named below sat the General Certificate of Education Examination and reached at least Grade E in the subject(s) named.

RANGANAYI CHAKUPA

Z3298 103

ENGLISH LANGUAGE  
HISTORY  
GEOGRAPHY  
SHONA

SUBJECTS RECORDED FOUR  
SUBJECTS GRADED C OR BETTER THREE

G.C.E. Ordinary  
Level Grade  
D  
C  
B  
B

EXAMINATION OF NOVEMBER 1986

Grades A, B, C represent standards at or  
above the former G.C.E. Ordinary level pass.

COMMISSIONER OF OATHS

13 SEP 2022

*Adrian*



HUMAN RESOURCE OFFICE  
MVURWI DIST. HOSPITAL

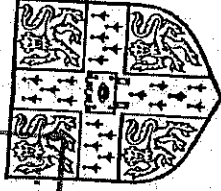
19 FEB 2016

P.O. BOX 1, MVURWI  
ZIMBABWE

CERTIFIED TRUE COPY  
OF THE ORIGINAL

DATE 19 FEB 2016

SIGN



UNIVERSITY  
OF CAMBRIDGE

LOCAL EXAMINATIONS  
SYNDICATE

INTERNATIONAL EXAMINATIONS  
IN COLLABORATION WITH

THE MINISTRY OF EDUCATION, ZIMBABWE

## GENERAL CERTIFICATE OF EDUCATION

This is to certify that the candidate named below sat the General Certificate of Education Examination and reached at least Grade E in the subject(s) named.

RANGANAYI CHAKUPA

KAWONDERA SECONDARY SCHOOL CHINHROYI

Z3298

1

ENGLISH LANGUAGE  
HISTORY  
GEOGRAPHY  
SHONA  
MATHEMATICS  
GENERAL SCIENCE

SUBJECTS RECORDED SIX  
SUBJECTS GRADED C OR BETTER TWO

G.C.E. Ordinary  
Level Grade

E  
D  
D  
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B  
B

EXAMINATION OF NOVEMBER 1985

Grades A, B, C represent standards at or  
above the former G.C.E. Ordinary level pass.

MVURWI HOSPITAL  
COMMISSIONER OF OATHS

13 SEP 2022

P.O. BOX 1, MVURWI

(See overleaf)

*Adrian*  
Vice-Chancellor

HIGHER EDUCATION EXAMINATIONS COUNCIL  
INDIVIDUAL RESULT SLIP

INSTITUTION NAME : Harare Polytechnic

CANDIDATE NUMBER : IIB60017

REMARK: AWARD

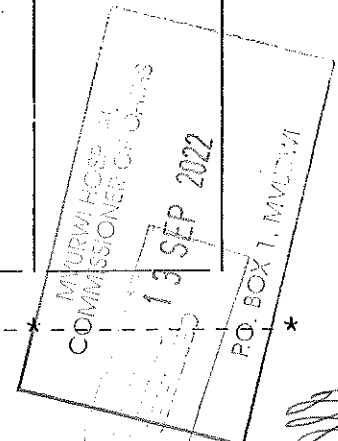
SURNAME : Chakupa

FIRST NAMES : Ranganai

COURSE LEVEL&TITLE : N.C. Health Care Information And Medical Records

PAPER No	APPROVED SUBJECT TITLES	GRADE	DATE
377/001	Medical Records Practice	P	04/96
377/002	Health Information Systems	C	04/96
377/003	Health Systems Management	C	04/96
377/004	Health Statistics	D	04/96
377/005	Int.To Ana, Phys, Data Class, Path&M.Termin	C	04/96

EXAMINATION  
HARARE POLYTECHNIC  
- 5 AUG 1996  
Herbert Chitepo vvest  
P.O. Box CY 407, Causeway  
Telephone: 732511/9



# Cambridge Tutorial College

Accredited Training in preparation for success in commerce, industry and government service

## This is to Certify that

**RANGANAI CHAKUPA**

**Diplomate Number R 6787 X**

**has satisfactorily undergone a Final Tutorial Examination of set work after satisfactorily completing a planned program of Training including:**

Computers as aids to management and administration; their characteristics and limitations.  
Components of computers, hardware, the central processor, input, output and storage devices.  
Software; programs: tailor-made, general applications packages, database packages, types of data.  
Practical applications of computers in different businesses, computers and management information.  
Computers in accounting, communications with and between computers, modems, networks.  
Choosing the right computer system, its successful implementation, and its efficient running.

**In testimony whereof the College has awarded this**

# Diploma

**on COMPUTERS IN BUSINESS & MANAGEMENT**

**with the Grade of DISTINCTION**

**Witness our hands and seal**

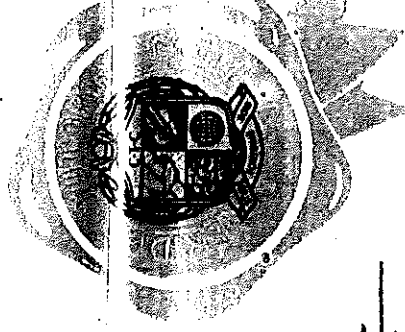
**this 23rd day of November, 1999  
at Jersey, Britain.**

MISS J. HOSPIN  
COMMISSIONER

Principal

*David Slawson*

Deputy Principal



Cambridge Tutorial College  
College House, Leoville,  
Jersey JE3 2DB, Britain.



FA No 653648

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BIRTHS AND DEATHS REGISTRATION ACT, 1986 (No 11 OF 1986)

**Certified Copy of an Entry of Birth Registered in the District of MAKONDE in Zimbabwe**

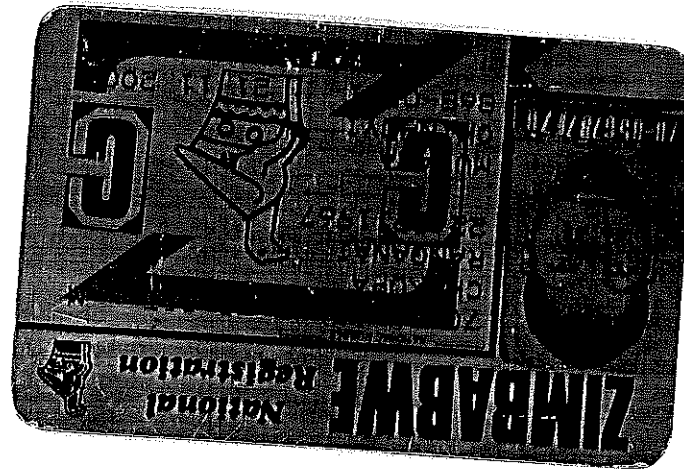
ID No. 70- 056787 F 70	
1. First Names RANGANAI	
2. Surname CHAKUPA	
3. Birth Place MTASA VILLAGE CHIRAU, CHINHOYO	
4. Date of Birth TWENTY-SECOND DAY OF SEPTEMBER, NINETEEN HUNDRED AND SIXTY-SEVEN	
5. Sex Male	
6. Nationality RHODESIA	
7. National Identity card number	
8. Maiden Surname CHIMEDZA	
9. National Identity card number	
1. Signature or mark CHAKUPA KUPA SAVIRIO	
2. Qualification Father	
3. Address MTASA VILLAGE CHIRAU SINJOJA	
1. Date of registration 16 December 1976	
2. Birth entry number IOM-05162-76	

I, MASHOKO MICAH, Registrar of Births and Deaths, Harare, certify that the above is a true copy of an entry of the above particulars in the register of births kept at the Central Registry, Harare, on the TWENTY-SIXTH DAY OF MARCH 2004.

*[Signature]*  
for Registrar-General/Registrar of Births and Deaths

THIS CERTIFICATE IS ISSUED WITHOUT AMENDMENT

1. MASHOKO MICAH  
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MURVUZI HOSPITAL  
COMMISSIONER OF OATHS  
13 SEP 2022

CHIEF OF POLICE  
HARARE



**MINISTRY OF HEALTH AND CHILD WELFARE  
MVURWI DISTRICT HOSPITAL**

**P.O. Box 1  
MVURWI**

Enquiries:-0277-2230; 2240; 2250; 2406  
HSA:2241  
0776 250 352



**MVURWI HOSPITAL**

14 SEPTEMBER 2022

*Allied health professions Harare*

**CONFIRMATION OF EMPLOYMENT FOR Mr CHAKUPA RANGANAI**

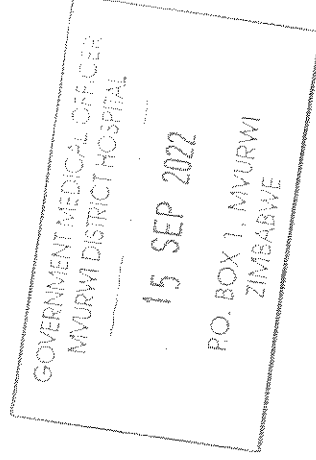
**I.D.NO 70-056784 F 70      EC NO. 1092072 J**

This letter serves to confirm that the above mentioned is an employee of the Ministry of Health and Child Welfare, stationed at Mvurwi Hospital. He resides at House No.

Hse No 964  
MAJAWI STREET  
**MVURWI**

Could you kindly assist him.

Yours faithfully



**Dr J.R. KAMBEWA**

**The Acting Medical Superintendent**