

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 2023'

1. BASIC INFORMATION		
Full Name – as on ID (Start with surname)	BOBO JOB ELISHA DLAMINI	
Profession	COUNSELLING (DEGREE)	
AHPCZ Registration Number	A/COUN0102	
Phone Number	0773 885 332	
Email Address	dlaminibobje@gmail.com	
ID - Number		
2. REGISTERED CATEGORY (TICK WHERE APPLICABLE)- Verify your registered category on your Registration Certificate		
a. Main Register		<input checked="" type="checkbox"/>
b. Internship		<input type="checkbox"/>
c. Provisional		<input type="checkbox"/>
3. PRACTISING STATUS (TICK WHERE APPLICABLE)		
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"/>
4. CPD POINTS ATTAINED (for selected professions)		
5. PAYMENT DETAILS		
a. Amount Paid and Code of payment	\$28-60 USD.	
b. Date of Payment	30-03-2023	
c. Payment Platform (Ecocash/CBZ/SCB/Nostro)	CBZ NOSTRO	

DATE 30th MARCH 2023

SIGNATURE

1. Kindly save the document in your name eg. 'Mateka Telmore Radiographer Renewal 2023'



Confirmation of Cash Deposit

CASH DEPOSIT ADVANCE

Account no and Name :

66161363840028

ALLIED HEALTH PRACTITIONERS

Date and Time :

2023-03-30 14:34:52 PM

Amount Deposited :

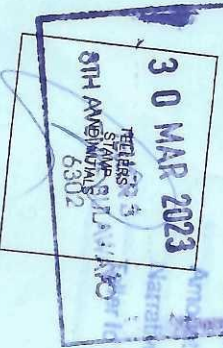
USD 28.00

Account 0102

Narrative :

JOB ELISHA DLAMINI BOBO ACCOU 102
12RNGWENYA

012CHDP230890132



Customer Copy

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 the Bank shall reserve the right to reverse any transaction inconsistent with the amount stated herein.

Signature: _____

Chy 28.00
#222-00

TICK WHERE APPLICABLE
☐ USD ☐ ZAR ☐ GBP ☐ EURO ☐ BWP

OTHER SPECIFY _____

500 x					
200 x					
100 x					
50 x					
20 x					
10 x					
5 x					
2 x					
1 x					
Other					
Total:	28.00				

MUTBELL PRINTERS

Date	CPD Category	Description	Stamp & Signature
7-02-22	S	Training Committee meeting	APL
8-02-22	S	on Syllabus Content development	
9-02-22	S	for the Child Counselling	
10-02-22	S	Diploma Course at	APL
11-02-22	S	Contact Family Counselling	APL
		Centre	APL
30-03-22	S	Substance Abuse and	APL
		Counselling Strategies -	
31-03-22	S	Re Capacity Building Course	
12-04-22	S	Dealing with Anxiety and	APL
		Burn out.	
13-04-22	S	Endings in Counselling	APL
24-04-22	S	Skills empowerment feature	Diploma
		to Care Givers of Infants	
		Orphan Care trust.	
4-07-22	S	Training Committee Meeting	APL
5-07-22	S	Reviews of the Course Content	
6-07-22	S	and laying of Strategies	APL
7-07-22	S	on the Implementation of	
8-07-22	S	the Child Counselling Training	APL