

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. BASIC INFORMATION	
Full Name – as on ID (Start with surname)	NDIMANDE SARAH
Profession	COUNSELLOR
AHPCZ Registration Number	A/COUNO130
Phone Number	0785116875
Email Address	sarah.ndimande@yahoo.com
ID - Number	08-316178428
Date of Birth	06-09-1963
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"/>
1. 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 (Pays Standard Fee)	<input type="checkbox"/>
2. CPD POINTS ATTAINED (for selected professions)	
3. PAYMENT DETAILS	
a. Amount Paid and Code of payment	66161383840018 ZIPIT TRANSFER
b. Date of Payment	ZWL105300,00
c. Payment Platform (Ecocash/CBZ/SCB/Nostro)	27-02-2023
	CBZ LOCAL

DATE 03/03/2023

SIGNATURE 

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

NAME: Sarah Ndimande

PHYSICAL ADDRESS: 31 Cawston St North End Bulawayo

POSTAL ADDRESS: 31 Cawston St North End Bulawayo

TEL: (Home) 0292200238


(Cell) 0785116875

(Work) (09) 72400 CELL 0712629303

ID NUMBER: 08-316178728

EMPLOYER CONTACT FAMILY COUNSELLING CENTRE

EMPLOYER ADDRESS No. 9 Barbour Avenue Parkview P.O. Box 7558 Bulawayo

SIGNATURE: 

DATE

Date	CPD Category	Description	Stamp & Signature
21-1-22	4	Counselor group supervision	B
28-1-22	16	Attended, caring for care similar community sensitisation Gender based violence	Phulo
18-2-22	7		
25-2-22	4	Counselor group supervision	B
16-1-22		Attended	
3-2-22	9	Attended, emerging issues & kshya abuse counseling - training	Phulo
25-3-22	4	Counselor group supervision	B
31-3-22	9	Attended group supervision abuse counseling - training	B
29-4-22	4	Counselor group supervision	B
21-5-22	4	Counselor group supervision	B
2-6-22	9	Attended 3 day workshop on training & monitoring system of counselling services using	Phulo
10-6-22			
29-7-22	4	Counseling group supervision	B
17-8-22	7	B40. City Council Wellness and Counseling Provision	Phulo
19-8-22	7	B40. City Council Wellness and Counseling Provision	
26-8-22	4	Counselor group supervision	
2-10-22	9	Child, counselling, PTSD adjustment, Alcoholism, Anxiety, attachment	
27-10-22		Attended online meeting	
29-10-22		Attended ZAPPC meeting	

[illegible]

CABS

A DIVISION OF OLD MUTUAL

CABS MOBILE BANKING

THIS IS AN AUTHORIZED DIGITAL STAMP

DATE: 27-02-2023 20:20

TEL: +263 242 883823/33

EMAIL: support@cabs.co.zw

CABS Mobile Banking

THEMBELANI MOYO

Your ZIPIT TRANSFER Completed

Transaction Reference : 000376485178

Sender Details

Sender Name : THEMBELANI MOYO

Sender Phone Number : 263774716333

Receiver Details

Beneficiary Bank : CBZ

Transfer Type : ZIPIT Transfer

Beneficiary Account : 1234567890123456789018

Date & Time : 27-02-2023 20:20

Reference : Sarah Ndimande, Keya, A/
COUNO130

Total Amount : ZWL 105300.00

DISCLAIMER

This is a notification that we received instruction to effect a payment and is not a representation of any kind of guarantee that the amount has in fact been transferred or shall be available in the account. Receiver must confirm with their bankers that the funds have been received. The processing of the payment may be delayed, due to unforeseen circumstances, which may impact on the timing of the availability of the funds.