

# ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Number 10, West Wing, Strathaven Plaza, Strathaven  
P.O. Box A14, Avondale, Harare, Tel: +263 04-303027, +263 771 056 413  
E-mail: [admin@ahpcz.co.zw](mailto:admin@ahpcz.co.zw) Website: [www.ahpcz.co.zw](http://www.ahpcz.co.zw)

## PRACTISING CERTIFICATE RENEWAL FORM - YEAR 2023

SECTION A		PERSONAL INFORMATION	
Profession	AMBULANCE TECHNICIAN.		
AHPCZ Registration Number	A/AT3529	Initial Registration Date	
Title (Miss, Mr, Ms, Dr, Prof, Etc)	MR	Sex	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Full Name (Start with surname)	GWAVAVA	BLESSING.	
Date Of Birth	10.05.1985	ID Number	63-1226782/18
Next of kin	Name	Relationship	Contact
ISHMAEL GWAVAVA	ISHMAEL	BROTHER	079 836 463
SECTION B		ADDRESS AND EMPLOYMENT DETAILS	
Residential Address	4-5th CRESCENT WARREN PARK 1.		
Postal Address	AS ABOVE.		
Contact Numbers	079 2836 463	Email Address	blesing11gwavava@gmail.com
Current Employer	/ N/A		
Job Title			
Employer's Address			
Employer's Contact Number		Email Address	
SECTION C		DECLARATIONS	
Has any licensing board other than the AHPCZ initiated an investigation or taken any disciplinary action against any of your licenses since you last applied for renewal of this license?	Yes	If YES briefly explain here and attach detailed explanation and a copy of the final order or settlement agreement	
	No <input checked="" type="checkbox"/>		
In the last 12 months have you been arrested, charged with indicted for, or under investigation for misdemeanor or felony requiring resolution in the courts?	Yes	If YES if YES briefly explain here and attach detailed explanation	
	No <input checked="" type="checkbox"/>		
Have you been charged with, convicted of, or pled guilty or nolo contendere to a misdemeanor or felony since you last applied for renewal of this license?	Yes	If YES briefly explain here and attach detailed explanation and a copy of the police and court records relating to the conviction	
	No <input checked="" type="checkbox"/>		
No of CPD Points Attained		Required Points fulfilled	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DATE

27/03/2023

SIGNATURE

B. Gwavava.

By signing this form you are confirming that you have given AHPCZ accurate information regarding your practise and status

Giving inaccurate or misleading information can lead to disciplinary processes which may affect your registration status  
The AHPCZ may carry out regulatory checks when processing this application

Date	Category	Topic	Stamped/Signed by
29/01/21	7	AMBULANCE TECHNIQUE	EMRAS (A MEMBER OF PSMT GROUP) OPERATIONS DEPARTMENT 52 BAINES AVENUE, HARARE TEL: 024 2757475 / 024 2250011/2 08677008210
02/02/21	3	BASIC LIFE SUPPORT	
03/03/21	10	BASIC FIRE SAFETY	B. Gumbo
04/04/21	7	EQUIPMENT TECHNIQUE	B. Gumbo
26/04/21	3	CARDIOVASCULAR DISORDERS	
30/04/21	7	BASIC AIRWAY Mx	
06/06/21	3	EMERGENCY RESUSCITATION	
26/08/21	10	RESPIRATORY DISORDERS	B. Gumbo
29/09/21	4	DEVIATION	
30/11/21	7	EMERGENCY DRIVING	
02/02/22	3	CODE & ETHICS	EMRAS (A MEMBER OF PSMT GROUP) OPERATIONS DEPARTMENT 52 BAINES AVENUE, HARARE TEL: 024 2757475 / 024 2250011/2 08677008210