



Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS

Date and Time :

2023-01-30 15:09:19 PM

Amount Deposited :

USD 109.00

Narrative :

NOMAGUGU M SIBANDA A/N0299

Teller Id and Ref :

12RNGWENYA

012CHDP230300180



Customer Copy

I, SIBANDA, NOMAGUGU M, 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:

TICK WHERE APPLICABLE

USD

ZAR

GBP

EURO

BWP

☐☐☐☐☐

OTHER SPECIFY

500 x			
200 x			
100 x			
50 x			
20 x	6	120-00	
10 x			
5 x			
2 x			
1 x			
Other			

Total:

109-00

MOTBELL PRINTERS

4118 Change \$11-00

109-00

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

PRACTISING CERTIFICATE RENEWAL FORM – YEAR 2022




Profession		NUTRITIONIST				
SECTION A		PERSONAL INFORMATION				
Main - Local	Provisional – Local	Internship - Local	Maintenance			
		X	Foreign Practising	None-Practising		
Full Name (Start with surname)		SIBANDA, NOMAGUGU MINENHLE				
AHPCZ Registration Number		A/N0299				
Contact Numbers		0786956766				
Email Address		nomaguguminenhle@gmail.com				
ID - Number		28-2000574m35				
SECTION B		EMPLOYMENT DETAILS				
Name of Employer		MINISTRY OF HEALTH AND CHILD CARE				
Address		MAPHISA DISTRICT HOSPITAL				
District						
Province		MATABELELAND SOUTH				
SECTION C		PRIVATE PRACTICE DETAILS				
Name of Service						
SECTION D		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	X				
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	X				
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	X				
No of CPD Points Attained	13		Required Points fulfilled	Yes	X	No

DATE:

SIGNATURE: Sibanda

- 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	DESCRIPTION OF CPD ACTIVITY: ORGANISER/INSTITUTION:	CPD LEVEL	DURATION	POINTS	SIGNATURE
02/01/22	Growth monitoring & infant feeding - MCHC	1	5 Days	5	
14/07/22	Vitamin A Supplementation Campaign - MCHC	1	5 Days	5	
13/09/22	Integrated Management of Acute Malnutrition Training - MCHC	1	3 Days	3	

PROVINCIAL NUTRITIONIST
P.M.D. HATAGELELE AND SOUTH
JAN 2023
PBAG 4 5225 BUTAWAYO
EMBARNE TEL: 6251416