

One item found. 1

User Name Receiver Account Number

LINDA MATARUTSE 772965614

33 items found, displaying 21 to 33. [First/Prev] 1, 2 [Next/Last]

Transaction Id	Date	Service Name Description	Transaction Type	CR/DR	Receiver Account Number	Transfer Amount	Post Balance	Currency type
MP220322.1107.F72507	2022-03-22 11:07:17.545	Merchant Payment	TP	DR	INDTAX01	0	2.84	RTGSS
BW220326.1157.F21046	2022-03-26 11:57:14.926	Bank to Wallet	MR	CR	FBC	100	102.84	RTGSS
MP220326.1200.G82418	2022-03-26 12:00:54.264	Merchant Payment	MP	DR	771998574	93	0.05	RTGSS
MP220326.1200.G82418	2022-03-26 12:00:54.264	Merchant Payment	SCP	DR	IND03	9.79	0.05	RTGSS
MP220326.1200.G82418	2022-03-26 12:00:54.264	Merchant Payment	TP	DR	INDTAX01	0	0.05	RTGSS
BW220329.1801.F52604	2022-03-29 18:01:19.125	Bank to Wallet	MR	CR	FBC	10000	10000.05	RTGSS
BW220329.1803.G82115	2022-03-29 18:03:41.846	Bank to Wallet	MR	CR	FBC	1000	11000.05	RTGSS
BP220329.1817.K51922	2022-03-29 18:17:11.831	Bill Payment	MP	DR	773074559	10350	236.05	RTGSS
BP220329.1817.K51922	2022-03-29 18:17:11.831	Bill Payment	SCP	DR	IND03	207	236.05	RTGSS
BP220329.1817.K51922	2022-03-29 18:17:11.831	Bill Payment	TP	DR	INDTAX01	207	236.05	RTGSS
MP220330.1625.F14379	2022-03-30 16:25:43.778	Merchant Payment	MP	DR	771998574	200	2.57	RTGSS
MP220330.1625.F14379	2022-03-30 16:25:43.778	Merchant Payment	SCP	DR	IND03	13.48	2.57	RTGSS
MP220330.1625.F14379	2022-03-30 16:25:43.778	Merchant Payment	TP	DR	INDTAX01	0	2.57	RTGSS

Export options: CSV Excel PDF

Date	Topic
11-14/06/21	TEACHERS PSYCHOLOGISTS WORKSHOP - FACILITATION ON PSYCHOMETRICS.
25-28/06/21	ASSESSMENT OF LEARNERS IN SPECIAL CLASSES
8-9/07/21	WELLNESS WORKSHOP - WORKPLACE SAFETY & STRESS MANAGEMENT
22-24/08/21	INSERVICE TRAINING OF TEACHERS ON COVID & PSYCHOSOCIAL SUPPORT
29/08/21	Renewal of PC
6-8/09/21	Teacher training on counselling of children in distress
20-23/09/21	ASSESSMENTS IN PREP FOR ZIMSEC SPECIAL EXAM
26/09/21	PSYCHOTHERAPY - HYSTERIA - MUTUNZI SEC
17-21/10/21	TRAINING ON THE FIT FOR LIFE & WORK SURVIVAL KIT - HUEWEN
24-28/10/21	TRAINING OF TEACHERS ON TEACHER ADMINISTERED SCREENING TOOLS
04/06/21	PSYCHOLOGISTS VIRTUAL WORKSHOP NORTHERN REGION
19-24/09/21	PROVINCIAL OUTREACH GALLA PASS OF SPECIAL NEEDS LEARNERS
23-27/08/21	PSYCHOEDUCATIONAL ASSESSMENTS
6-7/09/21	NAG - FACILITATION OF CHILDO PROTECTION
25/10/21	COVID & PSYCHOSOCIAL SUPPORT STATUS MEETING
8/11/21	COUNSELLING SESSIONS
13/12/21	ASSESSMENT ON PSYCHOLOGISTS
21/12/21	ASSESSMENT ON PSYCHOLOGISTS

CME		Facilitator	Stamp/Sign
Category	Points		
49	4	MOPSE - MATRUKE	
7	2	MASHONALAND WEST PROVINCE	
11	5	HR EDUCATION	
11	5	HEALTH EDUCATION	
6	2	MATRUKE 328, CHINHOYI	
11	5	MOPSE MIN. OF PRY & SEC. EDUCATION ZIMBABWE	
7	2	MOPSE ZIMSEC	
10	2	MOPSE DISTRICT	
11	5	MOPSE MIN. OF PRY & SEC. EDUCATION ZIMBABWE	
11	5	SPOTLIGHT	
49	4	MOPSE LEBS	
9	2	PEB MIN. OF PRY & SEC. EDUCATION ZIMBABWE	
7	2	SFS & SNE MOPSE	
11	5	WOMEN AFFAIRS	
11	5	HEALTH PRO. BOX	
10	2	MOPSE CHINHOYI	
7	2	MOPSE	
7	2	MOPSE	

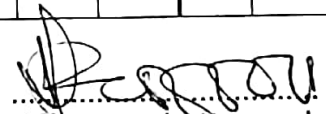


**PRACTISING CERTIFICATE RENEWAL FORM - YEAR 2022**

Profession		PSYCHOLOGIST			
<b>SECTION A</b>		<b>PERSONAL INFORMATION</b>			
Main - Local <input checked="" type="checkbox"/>	Provisional - Local	Internship - Local	Maintenance		
(tick where applicable)			Foreign Practising	None-Practising	
Full Name (Start with surname)		KAMAZI ZWA LINDA			
AHP CZ Registration Number		PSY 0461			
Contact Numbers		0772965 614   0718292110			
Email Address		lindakhamazizwa@gmail.com			
<b>SECTION B</b>		<b>EMPLOYMENT DETAILS</b>			
Current Employer/Internship Placement institution/s		MINISTRY OF PRY & SEC EDUCATION LePS Department			
<b>SECTION C</b>		<b>PRIVATE PRACTICE DETAILS</b>			
Name of Service					
<b>SECTION D</b>		<b>DECLARATIONS</b>			
Has any licensing board other than the AHP CZ 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	61	Required Points fulfilled	Yes		No

DATE 29/03/2022

SIGNATURE



1. If your personal details, employment or private practice details have changed from your last renewal, PLEASE ALSO FILL IN PAGE 2
2. By signing this form you are confirming that you have given AHP CZ accurate information regarding your practise and status.

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