

Full Name

Henry Dube

Reg No.

Reg Date:

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

20 Worcester Ave
Eastlea, Harare

P. O Box A14, Avondale, Harare
Phone: +263 4 303027, Cell: +263 771 056 413

E-mail: registrations@ahpcz.co.zw

Website: www.ahpcz.co.zw

APPLICATION FOR REGISTRATION

Incomplete applications will be subject to delay in processing

DOCUMENTS WHICH MUST BE SUBMITTED WITH THIS FORM

1. Certificate of Good Standing issued by the appropriate Council/Authority where you are currently practicing (issued within the last three months).
 2. Certified copies of Degrees & Transcripts, Diplomas, Certificates, A'level/O'level.
 3. Certificate of completion of internship/ a file of practical internship program
 4. Two recent testimonials from professional supervisors/school of training (relative to the last six months), (use reference check form).
 5. Syllabus of the intended internship program
 6. Letter of commitment from internship supervisor/ job description (where appropriate)
 7. Record of student practical training.
 8. One recent passport-size photograph.
 9. Certified Copy of national ID document.
 10. Any other supporting documents.
 11. Certified copy of Drivers Licence
 12. Affidavit of work experience (if you have more than 3 months after qualification)
 13. Confirmation letter of employment from Employer (for those who are employed)
 14. Letter from applicant on payment for internship supervision.
 15. Valid Work Permit (For Foreigners)
 16. Course Content/Syllabus for foreign qualifications which have never been registered by AHPCZ
 17. Copies of AHPCZ Student Registration and Practicing Certificates
- NOTE:**
- i. Documents which are in a language other than English must be translated into English by a recognised interpreter and properly authenticated.
 - ii. The Council is empowered to require an applicant to with specific requirements – eg employment under supervision, as a condition of registration.
 - iii. Applicants must comply with the Zimbabwe immigration laws.

Any person who practices his/ her profession in Zimbabwe whilst not registered and is not in possession of a current practicing Certificate is liable to prosecution.

Board Examination Fee

Received (amount) Date Receipt No.

Registration Fee

Received (amount) Date Receipt No.

I hereby make application for registration as a... (Please Tick One)

Ambulance Technician	Clinical Social Worker	
Counsellor	Dietician	
E.C.G. Technicians	E.E.G Technician	
Emergency Medical Technician	Health Education Promotion Practitioner	
Hospital Equipment Technician	Hospital Food Service Supervisor	
Medical Physicist	Health Information Management	✓
Nutritionist	Operating Theatre Technician	
Paramedic	Psychologist	
Radiographer	X-Ray Operator	

1. PERSONAL DATA

TITLE:	(Mr, Mrs, Miss, Dr, Prof)	MR.
GENDER	MALE / FEMALE		MALE
SURNAME:			DUBE
FIRST NAMES:			HENRY
PREVIOUS NAMES: (where applicable)			N/A.
DATE OF BIRTH:	Day/Month/Year		19/03/1965
E-MAIL ADDRESS			ht2dube@gmail.com
PLACE OF BIRTH – COUNTRY			ZIMBABWE
NATIONALITY			ZIMBABWEAN
MARITAL STATUS:	MARRIED / SINGLE / OTHER (STATE)		MARRIED
PERMANENT HOME ADDRESS:			6319 Nkhulumane, Sunwayo
CONTACT ADDRESS:			SAME AS ABOVE
PHONE NUMBER:			0712 959 572 / 0772 370 153
NATIONAL ID NUMBER			08- 478706 J 39

2. PROFESSIONAL QUALIFICATIONS

QUALIFICATIONS	NAME OF INSTITUTE	FROM	TO	AWARDED BY	DATE AWARDED

3. DETAILS OF TRAINING (where applicable)

NAME AND PLACE	FROM	TO	DISCIPLINE
HARARE POLYTECH	1999	2000	HEALTH CARE INFORMATION AND MEDICAL RECORDS

4. DETAILS OF PRESENT EMPLOYER

NAME OF EMPLOYER	ms#cc
ADDRESS AND CONTACTS	PROVINCIAL MEDICAL DIRECTOR MATEBELELAND NORTH PROVINCE BOX 441, BULAWAYO
JOB TITLE	PROVINCIAL HEALTH INFORMATION OFFICER
BRIEF JOB DESCRIPTION	HEALTH INFORMATION MANAGEMENT, CO-ORDINATION, ANALYSIS, REPORTING AND SUPPORT AND MENTORSHIP.
PERIOD / DATE EMPLOYED	FROM 1990 to DATE

5. PREVIOUS EXPERIENCE/EMPLOYMENT

Please list all RELEVANT employment experience in reverse chronological order. You are welcome to provide greater details in an attachment to this form.

5.1	DATES FROM: _____ TO: _____
	EMPLOYER'S NAME: _____
	EMPLOYER'S ADDRESS: _____
	JOB TITLE: _____
	BRIEF JOB DESCRIPTION: _____

5.2	DATES FROM: _____ TO: _____
	EMPLOYER'S NAME: _____
	EMPLOYER'S ADDRESS: _____
	JOB TITLE: _____
	BRIEF JOB DESCRIPTION: _____

5.3	DATES FROM: _____ TO: _____
	EMPLOYER'S NAME: _____
	EMPLOYER'S ADDRESS: _____
	JOB TITLE: _____
	BRIEF JOB DESCRIPTION: _____

6. CAREER OBJECTIVE (Including aims of obtaining registration and proposed field of practice)

7. ANY OTHER RELEVANT INFORMATION

SOLEMN DECLARATION

I, Henry Dube (Full Names)
A, (Quite Profession) HEALTH INFORMATION MANAGEMENT
of (Residential Address) 6319 NKUMANE, BULAWAYO
(Business Address) MKHANABULA GOVT. COMPLEX, BOX 441, B40.

do hereby solemnly and sincerely declare as follows:

1. THAT I am the person whose name appears on the certificates of the degree, diploma or other certificate on which I rely as a qualification for registration, B 42017 dated December 2000 being Certificate No (if applicable)
which was issued to me by H2XCO after being duly examined.

2. THAT –

- I have never been debarred from practice on the grounds of professional misconduct;
a) my name has never been removed from any register of members of my profession kept in accordance with the laws of any country in which I have practised my professions;
b) no inquiry is pending which may result in –
c) i) my being debarred from practice on the grounds of professional misconduct; or
ii) the removal of my name from any register referred to in sub-paragraph (b).

3. THAT the universities, medical schools or training schools at which and the periods during which I received my training are as follows:-

Name of Institution

Period of Training
From ... To

4. THAT I reside or intend if registration is granted to reside within Zimbabwe.

Applicant's Signature

For AHP CZ Offices

Application Approved () Application Disapproved ()

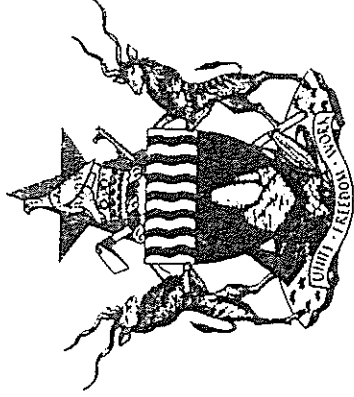
Signature

Date :

NOTE: This form is required to be completed and signed by one of the following persons –

The Registrar or Chairman of the Allied Health Council; or a member of the Education Committee as the attesting officer.

MINISTRY OF HEALTH
P.M.D. MATABELELAND NORTH
I CERTIFY THAT THIS IS A TRUE
COPY OF THE ORIGINAL
DOCUMENT



B 42017

ADMINISTRATIVE DIRECTOR
P.M.D. MATABELELAND NORTH
24 NOV 2004

P.O. BOX 441 BULAWANO
ZIMBABWE
TEL 7594519

ZIMBABWE

MINISTRY OF HIGHER EDUCATION
AND TECHNOLOGY

This is to certify that

HENRY DUBE

has been awarded the

NATIONAL CERTIFICATE

in

HEALTH CARE INFORMATION AND MEDICAL RECORDS

on the 31st day of December 2000

Having satisfied the Examiners in the designated areas, and
is therefore entitled to the professional privileges and
responsibilities emanating there-to.

Henry Dube

City & Guilds

This Certificate of Unit Credit towards

TECHNICIAN CERTIFICATE IN INFORMATION PROCESSING

is awarded to HENRY DUBE
WHO WAS SUCCESSFUL IN THE
FOLLOWING ONE UNIT

INFORMATION PROCESSING THEORY 1

DISTINCTION

Awarded

JANUARY 2003

0212/854014 /723501/WCH2895/1/19/03/65



D T Young
Chairman
The City and Guilds of London Institute



C. Humphries
Director-General
The City and Guilds of London Institute

Your bill payment to ALLIED HEALTH PRACTITIONERS COUNCIL(36143) of RTGS\$9900 to Henrydubehmis was successful. TxnID BP220124.1221.K39865.

Telephone Nos.: +263 9 77919 / 77323
Fax Nos. + 263 9 68976 / 79891

Telegraphic Address: "PROVMED"
Bulawayo
email : pmdmatnorth@gmail.com



Reference : 1194546 T
MINISTRY OF HEALTH AND CHILD CARE
PROVINCIAL MEDICAL DIRECTOR
(MATEBELELAND NORTH)
Mhlahlandlela Building
10th Avenue/Basch Street
P.O. Box 441
Bulawayo, Zimbabwe

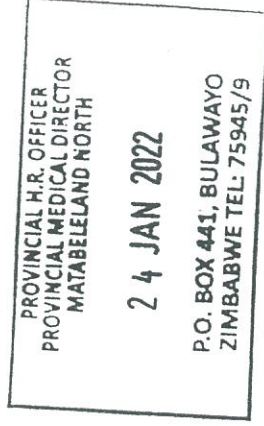
24 January 2022

Allied Health Practitioners Council of Zimbabwe

**RE: PROOF OF EMPLOYMENT AND RESIDENCE: HENRY DUBE: EC NUMBER
1194546 T: HEALTH INFORMATION ASSISTANT: MEDICAL DIRECTORATE:
MATEBELELAND NORTH**

This is to confirm that Henry Dube EC Number 1194546 T and I D Number 08-478706 J 39 is permanently employed by the Ministry of Health and Child Care as a Health Information Assistant under the Provincial Medical Directorate, Matabeleland North Province.

He resides at: 6319 Nkulumane
P O Nkulumane
Bulawayo



Mathabiswana

M Mathabiswana (Provincial Human Resources Officer)

For: PROVINCIAL MEDICAL DIRECTOR MATEBELELAND NORTH

/ns