



APPLICATION FOR: 1000 HOURS AMBULANCE PRACTICE

Minimum Requirements

1. Emergency Care Practitioner – Basic
2. Valid registration with Health Professional Council of Namibia (HPCNA) as a student
3. Namibian ID

Personal Details

Contact Details

Surname		Contact Number	
First Names		Email Address	
Date of Birth		Postal Address	
Identity Number		Residential Address	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> (Please Tick Appropriate Box)	Next of Kin Contact Number	

Experience

Kindly indicate your previous attachment with the City of Windhoek Fire Brigade	From:	To:
	From:	To:
	From:	To:
	From:	To:

Where are you currently working? _____

Attachments

Office use only

Documents	Training Institution	Year Obtained	(Tick Box if submitted and cross if not)
Certified copy of Emergency Care Practitioner – Basic certificate			<input type="checkbox"/>
Certified copy of HPCNA card or letter			<input type="checkbox"/>
Certified copy of Namibian ID			<input type="checkbox"/>

Signature: _____ Date: _____

I declare that the information given is true

Enquiry:

Mr. B.D Haushiku - 061 290 2806

Reception - 061 290 2897

