



## INTERNSHIP EMERGENCY CARE PRACTITIONER – INTERMEDIATE

### Minimum Requirements

1. Emergency Care Practitioner – Intermediate
2. Valid registration with Health Professional Council of Namibia (HPCNA)
3. Namibian ID
4. Code C1 or above driver license (added advantage)

|                  |                              |                             |        |
|------------------|------------------------------|-----------------------------|--------|
| Criminal Record: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | attach |
|------------------|------------------------------|-----------------------------|--------|

### 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 internship duration with 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 Fire fighter 1 certificate (not mandatory)                       |                      |               | <input type="checkbox"/>                 |
| Certified copy of Hazmat Awareness – Operational level certificate (not mandatory) |                      |               | <input type="checkbox"/>                 |
| Certified copy of Emergency Care Practitioner – Basic/intermediate certificate     |                      |               | <input type="checkbox"/>                 |
| Certified copy of valid HPCNA card   |                      |               | <input type="checkbox"/>                 |
| Certified copy of Namibian ID  |                      |               | <input type="checkbox"/>                 |
| Curriculum Vitae   |                      |               | <input type="checkbox"/>                 |
| Other Qualifications   |                      |               | <input type="checkbox"/>                 |
| Valid Driver's license code C1 or above for Intermediate                           |                      |               | <input type="checkbox"/>                 |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare that the information given is true

**Enquiry:** Mr. LSV Hatutale 061 290 2837/061 290 2897

**NB: Closing Date - 11 December 2024, 15h00 PM**

