



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
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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 Emergency Care Practitioner – 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

NB: Closing Date - 25 February 2026, 15h00 PM

Enquiry: Mr I Mbatemua 061 2902839 / 061 2902897

City of Windhoek Emergency and Disaster Risk Management

P.O Box 50244, Bachbrecht Windhoek, Tel: +26461 261251, Fax: +26461 290 2801

