

Privilege to Supervise Form

Form X

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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APPLICATION FOR THE PRIVILEGES TO SUPERVISE PERSONS ON TEMPORARY / PROVISIONAL/ LIMITED REGISTERS

(Applicants must be either fully registered for at least two years or on the specialist register, and of the same profession with equal or higher qualification than the supervisee)

PART I

1. Surname of applicant:
2. Other names:
3. Postal Address:
.....
.....
4. Business Address:
.....
.....
5. Profession:
6. Date when fully registered:
7. HPCZ Full Reg. No

PART II

1. Name of the person to be supervised:
2. Profession of the person to be supervised:
3. Name of the place where the supervision is to be carried out:
.....,,.....
4. Time of supervision: (State hours)

from: to:

Note*

If the inviting facility/organisation does not have an approved supervisor, then supervision should be sought from a registered health facility.

Upon completion of the provision of health services, an activity report should be submitted to the nearest District Health Office by the supervisor.

I hereby apply for the privilege to supervise and declare that the information given above is true and accurate to the best of my knowledge.

Date: Signature: