



# Namibian Society of Physiotherapy

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## APPLICATION FOR MEMBERSHIP

Please make sure that you complete the form in BLOCK LETTERS!!

The form must be completed **in full** and an **original** must be returned to the Secretary. A fax will not be accepted. Incomplete forms will not be processed. Application will not be accepted if all certified copies are not included.

The following **certified** copies must be added:

1. Degree
2. Proof of registration with the Allied Health Professions Council
3. Proof of payment to the Namibian Society of Physiotherapy for application, membership and malpractice. \*
4. Identification document (ID or Passport)

I HEREBY APPLY FOR ENROLMENT AS A MEMBER OF THE NAMIBIAN SOCIETY OF PHYSIOTHERAPY.

DATE OF APPLICATION: \_\_\_\_\_  
Day      Month      Year

### PERSONAL INFORMATION

TITLE: (Mr./Mrs./Miss) \_\_\_\_\_ FIRST NAME(S): \_\_\_\_\_  
SURNAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ (FAX) \_\_\_\_\_

### REGISTRATION WITH THE ALLIED HEALTH PROFESSIONS COUNCIL

YOU ARE REQUIRED TO BE REGISTERED WITH THE ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA.

REGISTRATION NUMBER: \_\_\_\_\_ DATE OF REGISTRATION: \_\_\_\_\_

## QUALIFICATIONS

EDUCATIONAL INSTITUTION: \_\_\_\_\_

BASIC QUALIFICATION (e.g. BSc. Physiotherapy): \_\_\_\_\_

DATE OF QUALIFICATION: \_\_\_\_\_

SOUTH AFRICAN PT NUMBER: \_\_\_\_\_

FIELDS OF SPECIAL INTEREST: \_\_\_\_\_

## EMPLOYERS DETAILS

NAME OF EMPLOYER: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

### \* **EXPLANATION OF FEES PAYABLE** TO THE NAMIBIAN SOCIETY OF PHYSIOTHERAPY (NSP)

The total fee payable consists out of three separate fees. You have to pay for your application, membership and malpractice.

**Application Fee (N\$ 350):** When you first join the NSP Society you have to pay an application fee. This fee is applicable to all first time applicants and it is a once off payment.

**Membership Fee:** This is an annual payment which is contributively towards the cost of running the society. This fee is applicable to all members, however there is a price difference between practicing members (N\$ 1300), non-practising members (N\$ 300) and members abroad (N\$ 300). If application for membership is received after the 1<sup>st</sup> of January only half the membership fee (N\$ 650) is due.

The financial year of the NSP runs from 1 July till 31 June the following year. To maintain registration it is important to pay your membership fee in due time every year (31 May). If a member refuses or fails to pay the annual fee in time, he/she will automatically be removed from the relevant register. Such a member will have to apply for restoration to the NSP register; upon which an additional fee will be charged.

**Malpractice Fee:** Physiotherapists working in Namibia are advised to be insured against malpractice. Once a member of the NSP an annual malpractice premium is compulsory for all practising members in terms of the group indemnity insurance scheme. There is a price difference between Fully Registered Physiotherapists (N\$ 470) and Conditional/Intern Physiotherapists (N\$ 200). Whether a therapist is Fully registered or registered as a Conditional/Intern depends on the Allied Health Professions Council and NOT on the Physiotherapy Society. Please check your certificate from the Allied Health Professions Council to determine your status.

Underneath you will find a summarised explanation of the fees. Make sure that you **only pay the fees applicable** to you. Proof of payment must be supplied to the NSP.

<b>Description</b>	<b>Cost</b>	<b>Amount Paid</b>
Application fee (New members <b>ONLY</b> )	N\$ 350	
Membership Fee (Practicing members) July - June	N\$ 1300	
Membership Fee (Practicing members) January - June	N\$ 650	
Membership Fee (Members Non-practicing and Abroad)	N\$ 300	
Malpractice (Fully registered members)	N\$ 470	
Malpractice (Conditional/Intern members)	N\$ 200	
Liability ( <b>ONLY</b> payable by practice OWNERS)	N\$ 265	
<b>TOTAL</b>		N\$

NSP Banking Details

Bank: Bank Windhoek

Branch: Maerua Mall, Windhoek

Branch nr: 483 872

Account nr: 102 786 9002

Account type: CHK

**AGREEMENT**

I AGREE TO BE BOUND BY THE RULES AND REGULATIONS GOVERNING THE NAMIBIAN SOCIETY OF PHYSIOTHERAPY (NSP).

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SIGNATURE OF APPLICANT

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SIGNATURE OF WITNESS

**CONTACT PERSON**

A completed original form, with the necessary attachments, must be delivered to the Secretary.

Sonika Swiegelaar

Tel: (061) 402 594

Work Address: Utopia Medispa, 64 Nelson Mandela Ave, Klein Windhoek, NAMIBIA

Postal Address: NSP, P.O. Box 23321, Windhoek, NAMIBIA (not recommended as it can get lost in the post)

**FOR OFFICE USE ONLY:**

REGISTRATION AND QUALIFICATION VERIFIED BY NSP OFFICE BEARERS

**TREASURER** (APPLICABLE FEES RECEIVED)

AMOUNT RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
NAME AND SURNAME OF TREASURER

\_\_\_\_\_  
SIGNATURE OF TREASURER

**SECRETARY** (COMPLETE DOCUMENTATION RECEIVED IN GOOD ORDER)

\_\_\_\_\_  
NAME AND SURNAME OF SECRETARY

\_\_\_\_\_  
SIGNATURE OF SECRETARY

**CHAIRPERSON**

THIS APPLICATION HAS BEEN APPROVED BY THE EXECUTIVE COMMITTEE OF THE NAMIBIAN SOCIETY OF PHYSIOTHERAPY:

DATE: \_\_\_\_\_

\_\_\_\_\_  
NAME AND SURNAME OF CHAIRPERSON

\_\_\_\_\_  
SIGNATURE OF CHAIRPERSON