



Namibian Society of Physiotherapy

P. O. Box. 23321 • Windhoek • Namibia • www.namibiaphysio.com

APPLICATION FOR MEMBERSHIP

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

The form must be completed **in full** and the **original** must be submitted to the Secretary. Incomplete forms will not be processed. Application will not be accepted unless all certified copies are included.

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

1. Qualification(s)
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/indemnity *
4. Identification document (back and front of ID or Passport)
5. Non-Namibians must provide proof of relevant residential/work permit

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/Ms) _____ FIRST NAME(S): _____

SURNAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ CITIZENSHIP: _____

I.D. NUMBER: _____ PASSPORT NUMBER: _____

POSTAL ADDRESS: _____

PRACTICE/WORK ADDRESS: _____

AREA OF PRACTICE: (eg. Eros, Olympia, Whk West) _____

CONTACT NUMBERS: (W) _____ (C) _____

(H): _____ (FAX) _____

EMAIL: _____

REGISTRATION WITH THE ALLIED HEALTH PROFESSIONS COUNCIL

IT IS REQUIRED TO BE REGISTERED WITH THE ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA.

REGISTRATION NUMBER: PHY DATE OF REGISTRATION: _____

CLIENT NUMBER: _____

QUALIFICATIONS

EDUCATIONAL INSTITUTION: _____

BASIC QUALIFICATION (e.g. BSc. of Physiotherapy): _____

DATE OF QUALIFICATION: _____

POST GRADUATE QUALIFICATION(S): _____

DATE(S) OF QUALIFICATIONS: _____

FIELDS OF SPECIAL INTEREST: _____

EMPLOYERS DETAILS

NAME OF EMPLOYER: _____

WORK ADDRESS: _____

CONTACT NUMBERS: (W) _____ (C) _____

(H): _____ (FAX) _____

EMAIL: _____

NEXT OF KIN

NEXT OF KIN NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____

*** 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/indemnity.

Application Fee (N\$ 400): When you join the NSP you have to pay an application fee. This fee is applicable to all new applicants and it is a once off payment.

Membership Fee: This is an annual payment that is contributory towards the cost of running the society. This fee is applicable to all members, however there is a price difference between practicing members (**N\$ 2100**) and members abroad (**N\$ 500**). In case membership applications are submitted after the 1st of January only half the membership fee (**N\$ 1050**) is due.

The financial year of the NSP runs from 1 July till 30 June the following year. In order to maintain registration it is important to pay your membership fee in due time every year (**31 May**). In case a member refuses or fails to pay the annual fee within 30 days past the due date, 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 (**N\$ 400**) will be charged.

Malpractice/Indemnity Fee: It is advisable to all physiotherapists working in Namibia to be insured against malpractice. Practice owners are encouraged to use indemnity cover. Once a member of the NSP, an annual malpractice premium is compulsory for all practising members in terms of the group indemnity insurance scheme. Fully Registered Physiotherapists and Conditional/Intern Physiotherapists pay the same amount of **N\$940**. The type of registration (full, Intern, conditional) a therapist obtains 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.

A summarised explanation of the fee structure can be seen below. Make sure that you only pay the fees applicable to you and that you are paying the correct fees for the specific year you apply in. Proof of payment must be submitted with your application form.

Description	Cost	Amount Paid
Application fee (New members ONLY)	N\$ 400	
Membership Fee (Practicing members) July - June	N\$ 2100	
Membership Fee (Practicing members) January - June	N\$ 1050	
Malpractice	N\$ 940	
Liability (ONLY payable by practice OWNERS)	N\$ 500	
Membership Fee for Members Abroad	N\$ 500	
TOTAL		N\$

NSP BANKING DETAILS

Bank: Bank Windhoek

Branch: Maerua Mall, Windhoek

Branch nr: 483 872

Account nr: 102 786 9002

Account type: Cheque

AGREEMENT

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

SIGNATURE OF APPLICANT

SIGNATURE OF WITNESS

CONTACT PERSON

A completed original form, with the necessary attachments, must be emailed to the Admin Secretary, Festa Venzke at secretary@namibiaphysio.com or faxed to email via **0886 55 0480**.

The documents may also be delivered to:

Festa Venzke

Tel: 061 243229 / 081 305 8877

Work Address: Maerua Physio, South Block, Ground Floor, Maerua Park, 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