



**HOSPICE & PALLIATIVE CARE ASSOCIATION OF ZIMBABABWE
(HOSPAZ)
INDIVIDUAL MEMBERS APPLICATION FORM 2018**

(To be filled by an individual person wishing to become a member)

A. Personal Details

- 1) Name of Applicant _____
- 2) Gender: Male Female
- 3) Physical Address _____
- 4) Postal Address _____
- 5) Contact Telephone /Mobile phone _____
- 6) Email _____

B. Registration

- 1) Professional Qualification(s) _____
- 2) Regulatory/ professional body of affiliation _____
- 3) Month and year of last registration Month _____ Year _____

C. Services you currently offer

Tick whichever is applicable

Bereavement services Counselling services - Psychological support - Social support - Spiritual care	Basic nursing - Health institution (clinic, hospital, nursing home) - Home care - Orphan care - Nutritional Support
Training, education & information - Voluntary Counselling Testing - Provider Initiative Counselling & Testing - Providing awareness (campaigns, one-on-one)	Providing medications for: - Pain management - Symptom management - Opportunistic Infections (OIs)



D. HOSPAZ membership status

Have you paid your membership for the current year? Yes No

Date of last payment _____ Amount _____

E. Current areas of operation

1) Which area/s do you operate in?

PROVINCE(S)	DISTRICT(S)	WARDS/RESIDENTIAL AREAS

2) Please indicate type of your setting:

- 1. Urban 2. Rural 3. Peri-urban 4. All three**

Full Name : _____ (Please print)

Designation : _____ (where appropriate)

Organization : _____ (where appropriate)

Signature _____ Date _____

For payment of membership fees, use either of the following:

ECONET merchant code - 322201

NETONE biller code – 50953

NB: When prompted for account number, write with no breaks in between; your first name, surname, subs, year e.g. *tennistsokasubs2019*