

## APPLICATION FOR CERTIFICATION OF INDIGENOUS KNOWLEDGE PRACTITIONERS

### Application requirements to apply for certification assessment of your competency is as follow:

Submit a fully completed and signed application form with the following documents:

- a. A Completed Application Form.
- b. A Reference letter for community leadership/authority.
- c. A reference letter where the applicant received his/her training OR a sworn Affidavit of training received indicating the name of Gobela/Mentor, Date, Area and place of training.
- d. A Reference letter from your Organisation of Choice.

### Category for certification assessment

Mark your choice(s) with an (X).

- Ngaka    Ngaka e Tshotšha    Mmlegisi

PLEASE ENSURE THAT YOU FULLY COMPLETE PART A AND PART B

## PART A

### Personal Information

Surname and Full Name(s)

Date of Birth 

Y	Y	Y	Y	M	M	D	D
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ID No 

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### Contact Details:

Physical address:

Postal Address:

District:  Province:

Telephone No:  Cellular No:

E-mail address (if applicable):

Please indicate the mode you prefer to receive your correspondence. Please tick one box.

- Postal    Telephone    Email    SMS    WhatsApp

## PART B

### Applicant's experience in respect to applicable category

Number of years in practice:

Place of Practice:

Are you affiliated to any Health Practitioner Organisation?  Yes  No

If YES, please provide the name and details of the organisation:

Explain how you entered the category you are applying for

**CORE COMPETENCIES:** *Refers to the set of skills that defines a particular THP category.*

Provide a brief background on your core and functional competencies within the Category (refer to Eligibility Criteria below).

1. Scope of Knowledge;
2. Accountability;
3. Problem Solving;
4. Ethics and Professionalism
5. The context within which you operate in and the systems that are part of the context

Please use specific examples drawn from your work or training experiences.

1. Scope of Knowledge (List the areas of knowledge that you know and work with)

2. Accountability (Who do you serve and to whom do your report?)

3. Problem Solving (How do you find answers to situations that are difficult?)

4. Ethics and Professionalism (What values do you follow in your practice and work daily?)

5. Context and Systems (What are the health systems, traditional and community contexts, the legal systems that influence your work?)

**FUNCTIONAL COMPETENCIES:** *Refers to skills that can be applied across a variety of subject areas (perceptive, tenacious, compassionate, courage, etc.)*

**Provide a brief background on your functional competencies within the Category (refer to Eligibility Criteria below.**

1. Interpersonal skills (ability to interact with people)
2. Leadership skills (ability to lead)
3. Communication skills (ability to communicate effectively)

1. List your Interpersonal skills

2. List your Leadership and management skills

3. List your Communication skills

## Contact details of ghobela/mentor/trainer:

*(If Mokatsisi/ Mentor is deceased, please provide a sworn Affidavit of training received indicating the name of Mokatsisi, Date, Area and place of training)*

Title, Initials and Surname:

Name and postal address:

Tel. No:  Cellular no:

E-mail address:

Field(s) of practice:

## NB: Checklist: Required Documents

Documents required	Yes / No
✓ A Completed Application Form.	
✓ A Reference letter for community leadership/authority.	
✓ A reference letter where the applicant received his/her training OR a sworn Affidavit of training received indicating the name of Gobela/Mentor, Date, Area and place of training.	
✓ A Reference letter from your Organisation of Choice.	
✓ A short CV.	

## Declaration

I \_\_\_\_\_ declare that I participate as an IK Practitioner in the sector concerned and that the information supplied is true to the best to my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date