CURRICULUM VITAE
OF
MGIBA MMATSHOBA DEBRA

PERSONAL DETAILS

Surname	:	Mgiba
First Name	:	Mmatshoba Debra
Date of Birth	:	1975/09/06
Identity Number	:	7509060616086
Gender	:	Female
Nationality	:	South African
Home Language	:	Xitsonga
Postal Address	:	P.O.BOX 4085 Acornhoek 1360
Residential	:	Stand no 40025, Plazaview
Cell Number	:	0798558623/ 0683941976

EDUCATIONAL QUALIFICATIONS

High School	:	Benoni technical collage
Highest Grade Passed	:	Grade 12
Year Obtained	:	1998

TERTIARY QUALIFICARIONS

Institution	:	Tintswalo Nursing School
Qualification	:	Enrolled Nursing assistant certificate
Year Obtained	:	2013 March
Institution	:	Mpumalanga Regional Training Centre
Qualification	:	Basic HIV/AIDS, STI and Tuberculosis Basic HIV/AIDS and prevention of mother to child transmission
Year Obtained	:	2012
Institution	:	HIVSA
Qualification	:	Finger pricking certificate
Year Obtained	:	2009

WORK EXPERIENCE

Institution	:	Tintswalo Hospital
Position	:	HTS lay councillor voluntarily
Year	:	09 May 2009 to March 2012

DUTIES AND RESPONSIBILITIES

- Counselling for patients before and after the circumcision operation
- Conduct HIV/AIDS awareness to the community
- Counselling for patients before and after HIV test
- Conducting HIV/AIDS support group at Rixile clinic
- Conduct adherence counselling to clients at every follow-up visit
- Compiling of monthly statistics and submit to the supervisor
- When a client tested positive for HIV are referred to supervisors for further management

WORK EXPERIENCE

Institution	:	Tintswalo Hospital
Position	:	MMC nursing assistance voluntarily
Year	:	April 2013 to December 2015

DUTIES AND RESPONSIBILITIES

- Counselling for patients before and after the circumcision operation
- Counselling for patients before and after HIV test
- Checking patient's vital signs
  - Temperature, blood pressure, Pulse if there are abnormalities, I refer to my supervisor
- Pre-operative care for patients
- Administration of oral medication
- Conduct and monitor patient post-operative and report any abnormalities to my supervisor

WORK EXPERIENCE

Institution	:	Hlokomela clinic
Position	:	HIV testing services counsellor and leakage officer
Year	:	04 January 2016 to 30 December 2019
Reason for leaving	:	Contract expired

DUTIES AND RESPONSIBILITIES

- Counselling for patients before and after HIV test
- Screening TB/HIV patients
- Referring patients for treatment to supervisors
- Conduct TB/HIV awareness
- Tracing of patients and link them back to care
- Monitoring patients on TB treatment
- Attend TB and HIV workshops and give reports
- Collaborating TB/HIV services
- Compiling weekly, monthly, quarterly and annual reports and send to sub district and district office
- Conduct door to door campaign

WORK EXPERIENCE

Institution	:	Aquity Innovations (Murotso Clinic)
Position	:	TB enrolled nursing assistance
Year	:	20 April 2020 to 30 June 2022
Reason for leaving	:	Contract expired

DUTIES AND RESPONSIBILITIES

- Checking patient's vital signs
  - Temperature, blood pressure, Pulse if there is abnormalities, I refer to my supervisor
- Screening TB to all clients entering the clinic
- Collecting of sputum and send to LAB for testing
- Tracing of LAB results, Positive results are contacted for TBrx initiation
- Referring patients for treatment to supervisors
- Conduct TB/HIV awareness
- Tracing of patients and link them back to care
- Monitoring patients on TB treatment
- Attend TB and HIV workshops and give reports
- Collaborating TB/HIV services
- Tracing of TB contacts and referee under 5 TB contact for IPT initiation

- Compiling weekly, monthly, quarterly and annual reports and send to sub district and district office
- Conduct door to door campaign and screening

WORK EXPERIENCE

Institution	:	Aquity Innovations (Tintswalo Clinic)
Position	:	TB enrolled nursing assistance
Year	:	08 August 2022 till to date

DUTIES AND RESPONSIBILITIES

- Checking patient's vital signs
  - Temperature, blood pressure, Pulse if there is abnormalities, I refer to my supervisor
- Screening TB to clients in all entry points of Tintswalo hospital, OPD, ANC, PHC, Rixile clinic and all wards
- Collecting of sputum and send to LAB for testing
- Tracing of LAB results, Positive results are contacted for TBrx initiation
- Conduct TB Ulam to suspected patients, if Ulam positive refer to Doctor for further management
- Referring patients for treatment to supervisors
- Conduct TB/HIV awareness
- Tracing of patients and link them back to care
- Monitoring patients on TB treatment
- Attend TB and HIV workshops and give reports
- Collaborating TB/HIV services
- Compiling weekly, monthly, quarterly and annual reports and send to sub district and district office
- Conduct door to door campaign and screening
- Tracing of TB contacts and referee under 5 TB contact for IPT initiation

References

Contact person	:	Sister Busi Moruane
Position	:	TB Co-ordinator
Contact Number	:	0832933165

Contact person	:	Sister Keith Marule
Position	:	OPM Morotso clinic
Contact Number	:	0719526250

Contact person	:	Sister Joyce Chawane
Position	:	Aquity focal nurse
Contact Number	:	0764622138

Contact person	:	Sister Merlina Mashigo
Position	:	Tintswalo hospital focal nurse
Contact Number	:	0729067413

AQUITY INNOVATIONS

CERTIFICATE OF APPRECIATION

SUID-AFRIKAANSE POLISIEDIENS
MPUMALANGA PROVINCE
2025 -12- 03
REGISTRY
SOUTH AFRICAN POLICE SERVICE

This certificate is presented to:

Mmatshoba Mgiba

For your extraordinary service and dedication as an Enrolled Nursing Assistant

Ms P. Baxen
Assistant Program Manager
AQUITY District Ehlanzeni

29 September 2025
Date

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK(AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMINGS VOORGELÊ IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSIGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FUTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

HANDTEKENING / SIGNATURE

MAGSNOMMER / FORCE NUMBER: 718[illegible] RANG / RANK: SGT

NAAM IN DRUKSKIF / NAME IN PRINT: [illegible]

DEPARTMENT OF HEALTH

This is to certify that:

Mmatsoba Debra Mgiba

ID NO: 7509060616086

Has Completed:

10 Days Basic HIV/AIDS, STI & Tuberculosis Course and Specialized Counseling Including : Pre & Post Test, Counseling, Adherence, HIV Testing, Psycho-social support & Crisis Counseling, Couple Counseling Skills, Behavioural and Change

Presented by:

Mpumalanga

Regional Training Centre

5 -11- 20..

COURSE COORDINATOR

RTC MANAGER

ISSUE DATE: 02 MARCH 2012

CERTIFICATE NO. 2012/13-1378

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK(AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VERSKEE IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS DAARNIE 'N WYSIGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

HANDTEKENING / SIGNATURE

MAGSNOMMER RANG
FORCE NUMBER RANK

NAAM IN DRUKSKIF
NAME IN PRINT

SERVICE

DEPARTMENT OF HEALTH

SUID-AFRIKAANSE POLISIEDIENS
MPUMALANGA PROVINCE
2005 -12- 03
MINISTRY
SOUTH AFRICAN POLICE SERVICE

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK(AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMINGS VOORGELÊ IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSIGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FUTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

HANDTEKENING / SIGNATURE
MAGSNOMMER / FORCE NUMBER: 71282 RANG / RANK: Sgt
NAAM IN DRUKSKIF / NAME IN PRINT: Mcaka

This is to certify that:

Mmatsoba Debra Mgiba

ID NO: 7509060616086

Has Completed:

10 Days Basic HIV/AIDS, STI & Tuberculosis Course and Specialized Counseling

Presented by:

Mpumalanga

Regional Training Centre

REGIONAL TRAINING CENTRE
PRIVATE BAG X1011, EMALAHLENI
02 -03- 2012

COURSE COORDINATOR

RTC MANAGER

ISSUE DATE: 02 MARCH 2012
CERTIFICATE NO. 2012/13-1378

CERTIFICATE OF ATTENDANCE

THIS CERTIFICATE IS AWARDED TO

DEBRA MGIBA

IN RECOGNITION OF HAVING SATISFACTORILY COMPLETED A PLANNED PROGRAMME OF TRAINING IN:

BASIC HIV/AIDS

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)

11 November 2011

SIGNATURE

DATE

USAID FROM THE AMERICAN PEOPLE

SOUTH AFRICA AND THE UNITED STATES WORKING IN PARTNERSHIP

HIVSA

TRAINING PROVIDER YOUR PROFESSIONAL

USAID
FROM THE AMERICAN PEOPLE

SOUTH AFRICA AND THE UNITED STATES

WORKING IN PARTNERSHIP

CERTIFICATE OF PARTICIPATION

MGIBA MMATSHOBADEBRA

ID: 750906 0616 08 6

Who has successfully participated in a 25 days course on

Community HIV/AIDS Counselling

The Course covered the following areas:
Basic HIV/AIDS Education
Risk Management and Positive living
Prevention Mother to Child Transmission
Counselling Skills
HIV Testing and ARV Treatment
Practical Sessions in HCT

SUID-AFRIKAANSE POLISIEDIENS
MPUMALANGA PROVINCE
2025 -12- 03
REGISTRY
SOUTH AFRICAN POLICE SERVICE

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK(AFSKRIF) IS VA
DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMINGS VOORGE
IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS DAAR NIE
WYSIGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRI
IS NIE.
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF TH
ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION
FUTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR
CHANGE WAS NOT M... TO THE ORIGINAL DOCUMENT.

MAGSNOMMER / SIGNATURE .....
FORCE NUMBER: 18290
NAAM IN DRUKSKIF / RANG
NAME IN PRINT: ... RANK: Sgt

Date Issued: 2NOVEMBER2012

Course Facilitator

SEKGOBELA B.G

Project Leader:

.....

HOPE: An HIV/AIDS Project of Humana People to People in South Africa
Registration No. 1995/004741/08, NPO No. 005 - 055, P.O.Box 3098, website: www.hpp-sa.org
Tel: 082 302 9739 or 071 5043106, e-mail: saksik@gmail.com or nozimatjeke@yahoo.com
Mavil-122

Certificate Number:

CERTIFICATE OF ATTENDANCE

THIS CERTIFICATE IS AWARDED TO

SUID-AFRIKAANSE POLISIEDIENS
MPUMALANGA PROVINCE
2025 -12- 03
REGISTRY
SOUTH AFRICAN POLICE SERVICE

DEBRA MGIBA

IN RECOGNITION OF HAVING SATISFACTORILY COMPLETED A PLANNED PROGRAMME OF TRAINING IN:

BASIC HIV/AIDS

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)

TRAINING PROVIDER YOUR PROFESSIONAL

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK(AFSKRIF) IS VAN DIE BOMENOEMDE DOKUMENT WAT AAN MY VIR WAARNEMINGS VOORGELE IS. EK SERTIFISEER VERDER DAT VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSIGING OF VERANDERING OP DIE BOMENOEMDE DOKUMENT AANGEBRING IS NIE.
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FUTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.
HANDTEKENING / SIGNATURE
MAGSNOMMER / FORCE NUMBER: 718695
RANG / RANK: Sgt
NAAM IN DRUKSKIF / NAME IN PRINT: MGIBA D

11 November 2011

SIGNATURE **DATE**

USAID FROM THE AMERICAN PEOPLE

SOUTH AFRICA AND THE UNITED STATES

HIVSA

SOUTH AFRICAN NURSING COUNCIL

CERTIFICATE OF REGISTRATION

UNDER THE PROVISIONS OF THE NURSING ACT No. 33 OF 2005
IT IS HEREBY CERTIFIED THAT

MMATSHOBA DEBRA MGIBA

WAS REGISTERED ON

31 MARCH 2013

AS

NURSING AUXILIARY

AFTER EXAMINATION

SUID-AFRIKAANSE POLISIEDIENS
MPUMALANGA PROVINCE
2025 -12- 03
REGISTRY
SOUTH AFRICAN POLICE SERVICE

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK(AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMINGS VOORGELÊ IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSIGING OF VERANDERING OF DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FUTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

HANDTEKENING/SIGNATURE
RANG
RANK:
MAGSNOMMER:
FORCE NUMBER:
NAAM IN DRUKSKIF
NAME IN PRINT:

GIVEN AT PRETORIA UNDER THE SEAL OF THE COUNCIL

This certificate is issued without any erasure or alteration of any kind and is subject to the above mentioned person's continued registration with the South African Nursing Council.

Issued under the provisions of the ETQA (Education and Training Quality Assurance body) regulations of SAQA (South African Qualifications Authority).

Registrar

Certificate Number: 201317901

Date Issued: 2 JULY 2013

UMALUSI

Council for Quality Assurance in General and Further Education and Training

REPLACEMENT CERTIFICATE

SUID-AFRIKAANSE POLISIEDIENS
MPUMALANGA PROVINCE
2025 -12- 03
REGISTRY
SOUTH AFRICAN POLICE SERVICE

issued to

MMATSHOBA DEBRA MALATJI

Identity number 7509060616086

Subjects the candidate passed and the symbols obtained:

Sepedi : First Language	HG	E	40%-49%
English : Second Language	HG	F	33,3%-39%
Applied Accounting	N3	D	50%-59%
Small Business Management & Entrepreneurship	N3	C	60%-69%
Economic and Legal Environment	N3	D	50%-59%
Computer Practice	N3	D	50%-59%
Afrikaans : Second Language	SG	F	33,3%-39%
Economics	SG	E	40%-49%
Aggregate		S	720-949
********	********		

Certificate awarded: **SENIOR CERTIFICATE**

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK(AFSKRIF) IS VAN DIE ORIGINELE DOKUMENT WAT AAN MY VIR WAARNEMINGS VOORGELÊ IS. EK SERTIFISEER VERDER DAT VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSIGING OF VERANDERING OP DIE ORIGINELE DOKUMENT AANGEBRING IS NIE.
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

NAAM / SIGNATURE ..... RANG / RANK: Sgt

MAGSNOMMER / FORCE NUMBER: .....

NAAM IN DRUKSKIF / NAME IN PRINT: .....

With effect from December 1998

Chief Executive Officer M. S. LAKOMETSI

This certificate is issued in accordance with Section 17(A) (6) of Act 58 of 2001 by Umalusi Council for Quality Assurance in General and Further Education and Training.

REPUBLIC OF SOUTH AFRICA

120 0609 4650 D

This certificate is issued without alteration or erasure of any kind



EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK(AFSKRIF) IS VAN DIE ORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMINGS VOORGELÊ IS. EK SERTIFISEER VERDER DAT VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSIGING OF VERANDERING OF DIE ORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FUTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

HANDTEKENING / SIGNATURE
MAGSNOMMER / FORCE NUMBER: 1825[illegible]
RANG / RANK: SGT
NAAM IN DRUKSKIF / NAME IN PRINT: [illegible]

South African Nursing Council – 2025 Annual Practising Certificate 2025 12[illegible]

This person is certified to practise from 2025-01-01 **to** 2025-12-31 **as follows:**

--- Registered Categories:
NURSING AUXILIARY
--- End of Categories / Qualifications ---

Ref. Number	16[illegible]
I.D.	75090606[illegible]
Date issued	2024-[illegible]
APC No.	2025[illegible]
Fees Paid	R [illegible]
Remittance Number	763[illegible]

MRS MD MGIBA
MMATSHOBA DEBRA
P O BOX 4085
ACORNHOEK
1360

SANC
South African Nursing Council
Regulating nursing, advocating for the public

Private Bag X132, Pretoi
602 Pretorius Street, Arc
Tel. 012 420-1000
Fax 012 343-5400
E-mail: customerservice(
www.sanc.co.za

EVA

IMPORTANT: Please read notes on back of certificate

SECURITY FEATURES: Please examine certificate carefully for signs of tampering. If held up to the light, you will see a watermark image over the whole sheet. The silver block must show genuine, secure and safe, valid.

This certificate is va
if printed by con

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MGIBA
Names:
MMATSHOBA DEBRA
Sex:
F
Nationality:
RSA
Identity Number:
7509060616086
Date of Birth:
06 SEP 1975
Country of Birth:
RSA
Status:
CITIZEN



Signature:

SUID-AFRIKAANSE POLISIEDIENS
MPUMALANGA PROVINCE
2025 -12- 03
REGISTRY
SOUTH AFRICAN POLICE SERVICE

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK(AFSKRIF) IS VAN DIE ORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMINGS VOORGELÊ IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSIGING OF VERANDERING OP DIE ORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT I HAVE NO OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.
HANDTEKENING/SIGNATURE
RANG
RANK:
NAAM IN DRUKSKRIF
NAME IN PRINT:

Conditions

Date of Issue:
09 FEB 2023

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

RSA

120779985

