

HUMAN RESOURCE DEVELOPMENT CENTRE

Academic Year Applied for:

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DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

- ID/Passport document – certified copy
- Full birth certificate – certified copy
- Grade 10 certificate – certified copy
- Grade 12 certificate – certified copy
- Parental ID documents –certified copy of both parents
- Parental pay slip – certified copy of both parents
- Oath of unemployment - Namibian police
- Proof of Payment (*Bank Deposit Receipt*)

**Completed application forms must be mailed to:
The Centre Manager: HR Development Centre
P.O. Box 291
Okahandja**

**The closing date for applications:
30 September 2020**

1. PROPOSED COURSE OF STUDY

1st Choice:

Indicate your 1st and 2nd choice of study by crossing (x) the box next to the course.

Field of Study	1 st Choice	2 nd Choice
Bricklaying & Plastering		
Carpentry & Joinery		
Diesel Mechanic		
Electrical General		
Plumbing & Pipefitting		
Water Care		

2. PERSONAL INFORMATION

Title:	Mr	Miss	Mrs	Surname:						
First Name(s):										
Age:		Date of Birth:		ID #						
Societal Status	Orphaned	Disabled	Marginalised							
Residential Address:										
Postal Address:										
Home Telephone :	Code: ()	No:	Cell Phone:							
E-mail Address:										
Citizenship:					Mother Tongue:					
Region of Origin	<i>Kunene</i>	<i>Omusati</i>	<i>Oshana</i>	<i>Ohangwena</i>	<i>Oshikoto</i>	<i>Kavango West</i>	<i>Kavango East</i>	<i>Zambezi</i>	<i>Erongo</i>	<i>Otjozondjupa</i>
	<i>Omaheke</i>	<i>Khomas</i>	<i>Hardap</i>	<i>//Karas</i>						

3. SCHOOL LEAVING PARTICULARS

Last secondary school attended:	
Address of school:	
Highest grade passed:	
Current grade (if applicable):	

Subject	Required for	Highest Qualification			Symbol Obtained
		HIGCSE	NSSCO	JSC (Gr10)	
English	All fields				
Mathematics	All fields				
Physical Science	All fields				

4. POST-SCHOOL ACADEMIC QUALIFICATIONS (If any)

Name of Programme	From Year	To Year	Name of College	Qualification Awarded	
				Yes	No
1.					
2.					

5. PARENTAL / GUARDIAN INFORMATION

Title:	Mr	Miss	Mrs	Surname:	
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First Name(s):	
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Occupation:	
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Note: Please attach copies of pay slips of both parents if they are working, otherwise a declaration from the police stating that they are not working

Relationship:		Telephone No.:	Code: () No:
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Please provide details of contact person in case of emergency (if different from above)

Full Name(s):		Tel:		Relationship:	
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6. PAYMENT RELATED INFORMATION

Do you require for NSFAP loan? <i>(Please tick <input checked="" type="checkbox"/> the appropriate box)</i>	Yes	No
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NB: As per NSFAP rules and regulations, only candidates whose parents' total gross annual salary do not exceed N\$750, 000.00 will qualify for a government loan.

A non-refundable N\$ 2 000.00 registration fee to be paid at registration by all students.

If the above is **"YES"** please attach the latest copies of pay slips of both parents (if they are working); otherwise a police declaration indicating that they are not working will be required to accompany your application.

If the answer to the above question is "NO", then who will be responsible for your tuition fees?	
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Private Candidate Fees		
Private Candidate	N\$ 12 000.00 (deposit)	
Total cost of training	N\$ 33 400.00	
Hostel Accommodation per term		
Accommodation	Single room	N\$ 4 700.00
	Double room (per person sharing)	N\$4 350.00

7. HEALTH RELATED INFORMATION

(For planning purpose only)

Do you have any disability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If 'yes' please specify		

Do you suffer or have you in the past suffered from any of the following medical conditions? *(Please tick the appropriate box)*

HEART	<input type="checkbox"/> YES	<input type="checkbox"/> NO	EPILEPSY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LUNG DISEASE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	BACK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ANY ALLERGIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HIGH BLOOD PRESSURE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ASTHMA	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

8. UNDERTAKING

I,
 (Full name and surname in capital letters)

Of
 (Address)

Certify that the information supplied by me above is true, complete and correct to the best of my knowledge. I acknowledge that no refund is due to me for money deposited into NamWater's account.

SIGNATURE OF APPLICANT: _____

Date: _____

SIGNATURE OF PARENT / GUARDIAN (if applicant is under the age of 21): _____

Date: _____

Application fees (Non-refundable)

A non-refundable amount of **N\$ 50.00** must be deposited into Namwater Bank Account below:

First National Bank (FNB)
 Account number: 55500144676
 Branch code: 280172
 Reference: 800300

Please attach original proof of payment to the application form.