

NAMWATER HUMAN RESOURCE DEVELOPMENT CENTRE

2024

APPLICATION FORM FOR ADMISSION - NEW INTAKE

DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM ID/Passport document – certified copy Full birth certificate – certified copy	Affix Affix photo photo here here						
Grade 10 certificate – certified copy Grade 12 certificate – certified copy Proof of Payment (Bank Deposit Receipt)	Completed application forms must be mailed to: THE ACTING PRINCIPAL: ADMINISTRATION AND STUDENT SUPPORT Human Resource Development Centre P.O. Box 291 Okahandja The closing date for applications: 13 Oct 2023						
1. PROPOSED COURSE OF STUDY 1st Choice: Indicate your 1st and 2nd choice of study by crossing (x)	the box payt to the course						
	2nd Choice						
2. PERSONAL INFORMATION							
Title Mr. Miss Mrs. Surname First Name(s):							
Age Date of Brith	ID no.						
Societal Status Mr. Miss Mrs.							
Residential Address:							
Postal Address:							
Home Telephone:	Cell Phone:						

E-mail Address:																	
Citizenshi	o:							Mo	ther Tongı	ue:							
Region of Origin	Kunene	Omusa	ati Os	hana Ohangwena Oshik		Oshiko		Kavango West	Kavango Zam East		Zamb	ezi	ezi Erongo O		Otjozondjupa		
	Omaheke	Khoma	as Ha	rdap	//Karas		Other N	Natior	nalities*								
*NB! All foreign nationals must have a valid study visa upon commencement of classes																	
Overall Safety Boot size Size(trouser)																	
3. SCHOOL LEAVING PARTICULARS																	
Last secon	ndary scho	ol atten	nded:														
Address o		or accord	iaca.														
	ade passe	 d:															
	ade (if app		:														
Subject			Requ	iired f	or		-			Highest Qualification				Symbol Obtained			
Castiala	nglish All fields				HIGO	CSE		NSSC0									
English Mathemat	ice		All fie														
Physical S			All fie														
· · · · · · · · ·	0.01.00		7	<i>-</i> 1.4.0													
4. POST	-SCHOOL	ACADE	MICO	HALL	FICATIO	NC (If	opy)										
4. 7031	-SCHOOL	ACADE	.MIC Q	OALII	FICATIO	11) 671	апу										
Name of P	Name of Programme From To Name of College Qualification									ion							
					Year	Year									Awarded		
														Y	'es		No
1.																	
2.																	
5. PARI	ENTAL / GI	JARDIA	AN INF	ORM	ATION												
Title	Mr.	liss	Mrs.		Surna	ame											
First Name	e(s):																
Occupatio	n:																
Relationsh	nip:							Tele	ephone No	0.:	Code:	() No:	:			
Residentia	al Address:																
Please prov		of the	contac	ct pers	son in ca	ase of e	emerge	ency	(if differer	nt fi	rom abo	ve)					
								-				-					
Full Name	(s):					Tel:						Relatio	nshi	p:			

6. PAYMENT RELATED INFORMATION

Private Candidate Fees						
Private Candidate		N\$ 12 000.00 (deposit)				
Total cost of training		N\$ 33 600.00				
Hostel Accommodation per term						
Accommodation	Single room	N\$ 5 170.00				
	Double room (per person sharing)	N\$4 785.00				

7. UNDERTAKING

(For planning purposes only)

Do you have any disability?	YES	NO	
If 'YES', please specify			

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

HEART	YES	NO
LUNG DISEASE	YES	NO
ANY ALLERGIES	YES	NO
ASTHMA	YES	NO

EPILEPSY	YES	NO
BACK	YES	NO
HIGH BLOOD PRESSURE	YES	NO

8. UNDERTAKING

(Only if the applicant is under the age of 21)

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 / GIL	A P D I A N -	Date:						

APPLICATION FEES (NON-REFUNDABLE)

A non-refundable amount of N\$ 55.00 must be deposited into NamWater Bank Account below:

First National Bank (FNB)

Account Name: Namibia Water Corporation Human Resource Development Centre

Account number: 64278839302

Branch code: 289180 Reference: 800300

Please attach original proof of payment to the application form.