



# TVET APPLICATION FORM



Passport  
Photo

YEAR: 2025 (JANUARY INTAKE)

## INSTRUCTIONS FOR THE COMPLETION OF THE FORM

1. Complete the form in **BLOCK LETTERS** with black ink.
2. This application must be accompanied by certified copies of birth certificate or identity card, relevant academic certificates, latest school results and proof of payment.
3. A non-refundable application fee of N\$150.00 must accompany the application form.
4. Payments can only be done via postal order or bank deposit (please attach proof of payment).
5. Please do not send cash if posting.
6. Incomplete applications will **NOT** be considered.
7. The forms must be submitted at NAMCOL centres or posted before **30 October 2024**.
8. Hand delivered applications should be submitted before or on **30 October 2024 @ 12:00**.
9. Successful candidates will be notified via our SMS line.
10. Late application will NOT be accepted.

## PERSONAL DETAILS

|   |    |              |                        |        |
|---|----|--------------|------------------------|--------|
| Title (tick)  | Mr | Mrs          | Ms                     | Other: |
| Surname:  |    |              | First Name (s):        |        |
| Student No:   |    |              | CRN No:                |        |
| ID/Passport no/DoB  |    |              | Cell No:               |        |
| Gender (tick)   | M  | F            | Highest Qualification: |        |
| Email Address:  |    |              | Nationality:           |        |
| Postal Address:   |    |              |                        |        |
| Village/Town/City:  |    |              |                        |        |
| Physical Address:   |    |              |                        |        |
| If not a Namibian citizen, please provide the following details |    |              |                        |        |
| Country of Origin   |    | Passport No: | Expiry Date            |        |
| Type of Permit  |    | Permit No:   | Expiry Date            |        |

## EMERGENCY CONTACT / PARENT / LEGAL GUARDIAN

|              |  |          |  |
|--------------|--|----------|--|
| NAME         |  |          |  |
| ADDRESS      |  | TOWN     |  |
| Work No:     |  | Cell No: |  |
| Relationship |  |          |  |

## Career Choice

CHOOSE IN ORDER OF PREFERENCE. TICK THE APPROPRIATE BOX FOR LEVEL AND CHOICE.

| Trade                             | Level                    |                          |                          |                          | Choice                   |                          |                          |                          |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                   |                          | 2                        | 3                        | 4                        | First                    |                          | Second                   |                          |
| Automotive Mechatronics           |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Welding and Metal Fabrication     |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing and Pipefitting          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office Administration Jetu Jama   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office Administration Otjiwarongo |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office Administration Rundu       |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office Administration Ongwediva   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REGION: TICK (X) THE APPROPRIATE REGION OF ORIGIN BELOW:

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |           |              |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |              |
| Khomas                   | Hardap                   | Kunene                   | Kavango West             | //Karas                  | Erongo                   | Kavango East             | Oshikoto                 | Oshana                   | Omusati                  | Omaheke                  | Zambezi                  | Ohangwena | Otjozondjupa |

## ACADEMIC QUALIFICATION

| Institution | Certificate obtained | Year |
|-------------|----------------------|------|
|             |                      |      |
|             |                      |      |
|             |                      |      |
|             |                      |      |
|             |                      |      |

## EMPLOYMENT HISTORY

| Position | Institution | Employer's Address | Contact Details | Period of Employment |
|----------|-------------|--------------------|-----------------|----------------------|
|          |             |                    |                 |                      |
|          |             |                    |                 |                      |
|          |             |                    |                 |                      |
|          |             |                    |                 |                      |
|          |             |                    |                 |                      |

| Personal protective equipment size |  |                   |  |
|------------------------------------|--|-------------------|--|
| Overall size                       |  | Safety boot sizes |  |

**NAMCOL Banking details:**

Account name: NAMCOL  
 Bank Name: Bank Windhoek  
 Account Number: 114 114 3121  
 Branch: 482972

**NAMCOL Postal Address:**

Private Bag 15008  
 Katutura  
 Windhoek  
 Namibia

**(Please complete applicant information on the deposit slip and attach proof of payment)**

I understand that completion of this form does not necessarily mean automatic acceptance into the training programme applied for. I further acknowledge that if accepted into a training programme, I will sign the Trainee's Code of Conduct agreeing to abide by the Training Centre's Rules and Regulations.

**Declaration**

| I confirm that the information I have given is correct to the best of my knowledge and all supporting documents are genuine. |  |
|--|--|
| Applicant's Signature  |  |
| Date:  |  |
| Signature of Guardian<br>(if under the age of 18):   |  |

**Office Use:**

|  |  |
|--|--|
| Included all required supporting documents |  |
| Completed application form                 |  |
| Accept first choice                        |  |
| Accept second choice                       |  |
| Rejected                                   |  |