



# Application for student admission to the Institute

Intake / year: January 20\_\_\_\_  
July 20\_\_\_\_

**Please complete this form and return it to:**

I-Care Health Training Institute, (Windhoek Campus - No. 159, Rendsburger-Husum Close Street, Lafrenz Industrial, Tel: +264 85 2323230, Email: [windhoek@icare-health.org](mailto:windhoek@icare-health.org)) OR (Oniipa Campus – Block C, Pnyu Hotel, Oniipa Main Road, Tel: +264 85 2323231, Email: [oniipa@icare-health.org](mailto:oniipa@icare-health.org)) OR (No.54, Mandume ya Ndemufayo Road, Industrial Area, Swakopmund, Tel: +264 85 2323234, Email: [Swakopmund@icare-health.org](mailto:Swakopmund@icare-health.org)), P.O.Box 50986, Bachbrecht; Website: [www.icare-health.org](http://www.icare-health.org)

**Note:**

- Applications can take up to five working days to process.
- This form can either be hand delivered, emailed or posted to us, together with the required supporting documents.
- Correspondence with the applicant will mainly be by email/telephone, make sure these details are indicated clearly.
- All sections of this form must be completed in full (use block letters) as necessary. Failure to do so will result in your form not being considered.
- Indicate the Intake you are applying for and year of study in the column above, example: January 2020.

**DUE DATE: [January Intake: 21 December] [July Intake: 25 June]**

<b>Intended study programme (indicate with X)</b>	
1. CERTIFICATE IN ENROLLED NURSE AND MIDWIFE / ACCOUCHEUR (NQF LEVEL 6)	<input type="checkbox"/>
2. CERTIFICATE IN AUXILIARY NURSING (NQF LEVEL 4)	<input type="checkbox"/>
Indicate where you wish to attend classes: Windhoek (Main) <input type="checkbox"/> H.S (Ondangwa) <input type="checkbox"/> Swakopmund <input type="checkbox"/>	

**Section A – Applicant details**

<b>Personal details</b>										
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>						<b>Other (please specify)</b>			
<b>First name</b>					<b>Middle name(s)</b>					
<b>Surname</b>										
<b>Gender</b>	Male <input type="checkbox"/>		Female <input type="checkbox"/>							
<b>ID Number</b>										

<b>Current residential address</b>				
<b>Erf number and Street name</b>				
<b>Postal city/town</b>			<b>Postcode</b>	
<b>Suburb</b>			<b>COUNTRY</b>	
<b>Telephone number</b>	<b>Area code</b>			<b>Number</b>
<b>Mobile number</b>	<b>Area code</b>			<b>Number</b>

<b>Email Address</b>																								
<b>Current employment address</b>																								
If you are currently unemployed please tick here																							<input type="checkbox"/>	
<b>Company name</b>																								
<b>Position/Job title</b>													<b>Department</b>											
<b>Company address</b>																								
<b>Postal city/town</b>												<b>Postcode</b>												
<b>Suburb</b>												<b>COUNTRY</b>												
<b>Telephone number</b>		<b>Area code</b>														<b>Number</b>								
<b>Mobile number</b>		<b>Area code</b>														<b>Number</b>								
<b>Work email address</b>																								

**Section B – Education and Qualifications**

Please give your full education history with the qualifications awarded.

- You must provide proof (*certified copies*) of all qualifications with your application.
- Certificates in any language other than English must be accompanied by certified English translations.

<b>University education</b>			
<b>Level</b>	Degree <input type="checkbox"/>	Certificate <input type="checkbox"/>	
<b>University attended</b>			
<b>Qualification</b>			
<b>Date obtained</b>			

<b>Secondary/ High School education</b>			
<b>School attended</b>	<b>Subject/ Module name</b>	<b>Grade /Symbol</b>	<b>Date obtained</b>

**Section C – Application fee payment**

The non-refundable application fee must accompany this application. Applications submitted without the necessary fees will not be processed. Application fees should be paid directly into the Institution’s bank account. No cash payments accepted at Administration Office.

Namibian students	SADC students	Non-SADC students	<b>A late application fee of N\$ 50-00 is added when the application form is submitted after the due date.</b>
N\$ 250 - 00	N\$ 450 - 00	N\$ 650 - 00	<i>This is a once-off payment payable on initial application.</i>

If application fee payment is made via bank deposit or transfer, tick box below and attach proof of payment or deposit slip.

<input type="checkbox"/>	<b>Bank transfer/deposit</b>	Please enter the total amount of Bank transfer/ deposit	<b>N\$</b>
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Bank transfer / deposits should be made to the following account:

Account name	I-CARE HEALTH TRAINING INSTITUTE	Bank Name	STANDARD BANK NAMIBIA
Account number	60004235664	Branch name	KATUTURA
Branch code	082972	Use student initials and surname as reference on deposit slip	

Postal order and/ or Cheque method of payment NOT accepted.

**Section D – Guardian/ Person responsible for paying student’s tuition fees**

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Other (please specify)	
First name		Middle name(s)	
Surname			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Relationship to student	
ID Number			

<b>Current residential address</b>			
Erf number and Street name			
Postal city/town	Postcode		
Suburb	COUNTRY		
Telephone number	Area code	Number	
Mobile number	Area code	Number	

<b>Current employment address</b>			
If you are currently unemployed please tick here			<input type="checkbox"/>
<b>Company name</b>			
<b>Position/Job title</b>		<b>Department</b>	
<b>Company address</b>			
<b>Postal city/town</b>		<b>Postcode</b>	
<b>Suburb</b>		<b>COUNTRY</b>	
<b>Telephone number</b>	<b>Area code</b>		<b>Number</b>
<b>Mobile number</b>	<b>Area code</b>		<b>Number</b>
<b>Work email address</b>			
<b>Signature of person responsible for student's account</b>			

**Section F – The applicant's Health Status**

Do you suffer from any chronic illness? (YES / NO)	If yes, specify:
Do you have any disability? (YES / NO)	If yes, specify:

**Section G – The applicant's declaration**

This section must be signed by the applicant.

I ..... (full name) hereby declare that the information provided in this application form (including supporting documents attached), is authentic and not tempered with in any sense.

<b>Signature</b>		<b>Date</b>	
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**Please complete the following CHECK-LIST**

I have enclosed <b>certified copies of all required education certificates</b>	<input type="checkbox"/>
I have provided an appropriate <b>method of payment</b> for the application fee (bank transfer/ deposit)	<input type="checkbox"/>
I have signed and dated the <b>applicant's declaration</b>	<input type="checkbox"/>

<b>FOR OFFICIAL USE ONLY</b>			
<b>APPLICATION STATUS</b>			
<b>SUCCESSFUL</b>	<b>WAITING LIST</b>	<b>UNSUCCESSFUL</b>	
<b>STUDENT NUMBER</b>		<b>SIGNATURE</b>	