



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 81 1271217, Email: windhoek@icare-health.org) OR (Hilma Shinyolo Campus, Main road, Olunkono, Ondangwa, Tel: +264 81 1271280, Email: oniipa@icare-health.org) OR (No.54, Mandume ya Ndemufayo Road, Industrial Area, Tel: +264 81 1271236, Email: Swakopmund@icare-health.org), OR Southern campus – next Roman Catholic Church, Karasburg, Tel: +264 81 1271259, P.O.Box 50986, Bachbrecht; Website: www.icare-health.org

Note:

- Applications can take 5 to 20 working days to process. Please indicated clearly the Cellphone number where prompts may be sent.
- 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: 30 November] [July Intake: 24 June]

Intended study programme (indicate with X)	
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"/>	
Southern (Karasburg) <input type="checkbox"/>	

Section A – Applicant details

Personal details										
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"/>							
ID Number										

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

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

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.

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

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

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	A late application fee of N\$ 50-00 is added when the application form is submitted after the due date.
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"/>	Bank transfer/deposit	Please enter the total amount of Bank transfer/ deposit	N\$
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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			

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

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

Section E – 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 F – 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.
I pledge to abide by the statutes of this Institute at all times during my studies at this Institute.

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

FOR OFFICIAL USE ONLY		
APPLICATION STATUS		
SUCCESSFUL	WAITING LIST	UNSUCCESSFUL
STUDENT NUMBER		SIGNATURE