



# Application for student admission to the Institute January 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](mailto:windhoek@icare-health.org)) OR (Hilma Shinyolo Campus, Oshakati road, Olunkono, Ondangwa, Tel: +264 81 1271280, Email: [oniipa@icare-health.org](mailto:oniipa@icare-health.org)) OR (No.54, Mandume ya Ndemufayo Road, Industrial Area, Tel: +264 81 1271236, Email: [Swakopmund@icare-health.org](mailto:Swakopmund@icare-health.org)), OR Keetmanshoop campus – No 299, Kronlein Street, Tel: +264 81 1271259, Website: [www.icare-health.org](http://www.icare-health.org)

**Note:**

- This form can either be hand delivered, or couriered 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.**

**DUE DATE: [January Intake: 30 November] [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"/> Karasburg <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>Mobile number</b>	<b>Area code</b>	<b>Number</b>	
<b>Email Address</b>			

Please give your full education history with the qualifications awarded.

**Section B – Education and Qualifications**

- 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>			

Date obtained	
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**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	
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	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	

**Section D – Guardian/ Person responsible incase for emergency**

Title			
First name		Middle name(s)	
Surname			
Contact details			

**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.

Signature		Date	
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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"/>

FOR OFFICIAL USE ONLY		
APPLICATION STATUS		
SUCCESSFUL	WAITING LIST	UNSUCCESSFUL