



Application for student admission to the Institute 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, Oshakati 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 (Karasburg campus – Tel: +264 81 1271259, Email: keetmans@icare-health.org) Website: 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]

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"/> 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	
Mobile number	
Email Address	

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.

University education			
Level	Degree <input type="checkbox"/>	Certificate <input type="checkbox"/>	Others <input type="checkbox"/>
University/College attended			
Qualification			

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>

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 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