

**DAPP Namibia Association not for Gain, 21/90/045:wo85**

## **APPLICATION FORM FOR 2021 JULY INTAKE**

PROOF OF DOCUMENTATION to accompany form:

1. Certified copy of Identity card / Birth Certificate
2. School leaving Certificate
3. Police declaration of unemployment & region
4. Motivation letter
5. Motivation letter from community leader

The closing date for Applications  
**02 July 2021**

Completed application forms must be mailed to:

[dappvts@dapp-namibia.org](mailto:dappvts@dapp-namibia.org) or can be hand delivered to DAPP Vocational Training School, or to any DAPP Namibia TCE office country wide.

Applications can be send via NAMPOST: DAPP Vocational Training School, P. O. Box 135, Outapi

### INSTRUCTIONS FOR THE COMPLETION OF THE FORM

1. Complete the form in full and answer all the questions.
2. Write in block letters, where a choice is given, mark only the appropriate answer with an x.

### ACADEMIC PARTICULARS

#### Course of study to enroll:

National Vocational Certificate in Horticulture and Crop Husbandry Level 2 (Agriculture)

Boarding	Day student
----------	-------------

**Please tick**

### STUDENT PARTICULARS

Title	Mr.		Mrs.		Miss	
Surname						
First Name (s)						
Date of Birth	Y			M		D
I.D. No:						
Passport no						
Sex	Male		Female			
Region						
Citizenship						
	Maiden Name <i>(If applicable)</i>					
	Marital Status					
	Home Language					
	Home Town					

**POSTAL AND RESIDENTIAL ADDRESS**

Postal Address:	Residential Address:
Email Address:	Cellphone Number:

Level of general health	Good	Poor
Are you physically disabled?	Yes	No

If yes explain.....

**EDUCATIONAL PARTICULARS**

High School Attended	
Highest Grade Passed	
Date of Examination	
Address of School you attended?	
How many years were you at that school?	
Have you had any kind of work since you left school?	
Have you received any training? What type?	
Where did you hear about the scholarship?	

**OBLIGATION:**

FEE STRUCTURE (see annexed document).

**If you are accepted, who will pay your admission fee of N\$ 200. 00?**

Name and Surname of Parent/Guardian	
Relationship with the student	
Telephone number of Parent/Guardian	
Cellphone Number of Parent/Guardian	

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>			
ACCEPT		RETURNED	REJECTED
<b>CONDITIONS APPLICABLE:</b>			
APPLICATION FEE RECEIVED		RECEIPT NUMBER	