

# DAPP VOCATIONAL TRAINING SCHOOL

IS REGISTERED WITH THE NAMIBIA TRAINING AUTHORITY AS A TRAINING PROVIDER

## APPLICATION FORM FOR ADMISSION - 2020

PROOF OF DOCUMENTATION to accompany the application:

1. Identity card / Birth Certificate
2. School leaving Certificate

The closing date for Applications:

Application fee (Non-refundable) N\$100

The application fee must be paid at DAPP Vocational Training School account **55420030939, FNB, Oshakati Branch**, and deposit slip should be attached to the application form.

Completed application form must be mailed to:

**The Centre Manager, DAPP Vocational Training School, P.O Box 135, Outapi /dappvoc@iway.na**

### 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 for which you wish to enroll:

|   | First Choice | Second Choice |
|---|--------------|---------------|
| 1. Bricklaying and Plastering Level 1 ( First year) |              |               |
| 2. Bricklaying and Plastering Level 2 (second year) |              |               |
| 3. Bricklaying and Plastering level 3 (third year)  |              |               |
| 4. Office Administration level 3 (First year)       |              |               |
| 5. Office Administration Level 2 (second year)      |              |               |
| 6. Office Administration level 3 (third year)       |              |               |
| 7. Agriculture level 2 (first year)                 |              |               |
| 8. Agriculture level 3 (second year)                |              |               |
| 9. Diploma in Early Childhood Development Level 5   |              |               |

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

Please tick

### TRAINEE PARTICULARS

|                |      |  |        |                                       |      |  |
|----------------|------|--|--------|---------------------------------------|------|--|
| Title          | Mr.  |  | Mrs.   |                                       | Miss |  |
| Surname        |      |  |        |                                       |      |  |
| First Name (s) |      |  |        |                                       |      |  |
| Date of Birth  | Y    |  | M      |                                       | D    |  |
| I.D. No:       |      |  |        |                                       |      |  |
| Passport no    |      |  |        |                                       |      |  |
| Sex            | Male |  | Female |                                       |      |  |
| Region         |      |  |        | Maiden Name<br><i>(If applicable)</i> |      |  |
| Citizenship    |      |  |        | 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 DAPP VTS?

**OBLIGATION:**  
 FEE STRUCTURE (see annexed document).

**If you are accepted, who will pay your school fee?**

|                                     |  |
|-------------------------------------|--|
| Name and Surname of Parent/Guardian | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/> |
| Relationship with the trainee       |  |
| Telephone number of Parent/Guardian |  |
| Cellphone Number of Parent/Guardian |  |

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

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