

APPLICATION FOR ADMISSION July intake 2025

Full-time

INSTRUCTIONS TO APPLICANTS

- Complete the areas on the form in Block letters in black/ blue ink.
- A non-refundable application fee of N\$80.00 must accompany this application. Please do not send cash if posted. Payments can be made in cash at the Centre through Finance office, or by Electronic Fund Transfer (EFT) and enclose the original proof of payment. No bank cash deposit.
- This application must be accompanied by certified copies of ID/Full birth certificate, school leaving certificates, academic qualifications/ statement of results. Please do not send original documents.
- Completed application forms can be submitted at Eenhana VTC or mailed to Eenhana VTC, P O Box 13434, Eenhana
- The due date for application is 05 June 2025

Attach recent passport photo here

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Surna	ame:														
First Name(s): Middle Name (s):															
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Nation	nal Vocation	al Certi	ificate	Level 1	(Office	Admii	nistrati	on and	Solar	Equipment	Installa [.]	tion a	ınd Ma	inten	ance) when applying for Level 2
	nal Vocati neering Fo								Plaste	ring, Join€	ery and	Cab	inet N	1akir	ng, Metal Fabrication and Automotive
Natio	nal Vocati	ional (Certifi	cate L	evel 3	(Offi	ce Adı	minist	ratior	n and Sola	r Equip	mer	nt Inst	allat	tion and Maintenance) when applying for level 4

CAREER CHOICE

Choose in order of preference, the occupation you are applying for: put a number in the box in order of preference e.g., First choice write 1 and second choice write 2.

QUALIFICATIONS		Level 1	Level 2	Level 3	Level 4	Level 5	Committe Use Only (F this space)	e Approval - Official Please do not write in
National Vocational Certificate in Bricklaying & Plastering							tilis space)	
National Vocational Certificate in Joinery and Cabinet								
National Vocational Certificate in Metal Fabrication (B								
National Vocational Certificate in Metal Fabrication (V								
National Vocational Certificate in Office Administration								
National Vocational Certificate in Solar Equipment Installation								
National Vocational Certificate in Vehicle Collision Re Painting								
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Institution:								
Address:						Region:		
Phone:	Email Address:					Year of Ex	amination:	
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	WORKING E	XPERIEN	CE (If app	olicable)				
Employer:								
Employer address:								
Phone:				Fax:				
Town:				Regior Durati				
Position held:								
E-mail Address:	A COLOTA NOT /	Market	h			6 A		
Do you need financial assistance?	ASSISTANCE (Mark in t	ne appro	yes Yes	x with ar	1 'X)	No	
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Do you have any disability or sensory impairment?	inino China	IK III UIO O	ірргорпатс	Yes	uii /y		No	
If yes, state the nature of your disability/ impairment. (If	nossible attach a	conv of m	andical rope				INO	
in yes, state the nature of your disability/ impairment. (if	possible, attacil a	гсору от п	ieuicai repo	or t)				
Based on your disability/ impairment, do you have any spec	ial need/s? (Please	e specify)						

PERSONAL PROTECTIVE EQUIPMENT										
Shoe size:	Overall size:	Shirt size:	Skirt/Trouser size:							
		DECLARATIO	N .							
	the state of the s	correct to the best of my know oplication not being consider	wledge, and that all the attached supporting documents & red.							
Signature of the applican	ıt:		Date:							

Yes

No

Do you suffer from any chronic disease/s?

If yes, please specify. (If possible, attach a copy of medical report)

BANKING DETAILS:

Eenhana VTC First National Bank Account Number: 62244479318 Business Standard Call Account Branch Code: 281773

Reference: Applicant's full name

APPLICATION FOR HOSTEL ACCOMMODATION

Eenhana Vocational Training Centre has limited space for accommodation. Admission to the Centre does not necessarily guarantee hostel accommodation. Take Note: This is a self-catering hostel.

	APPLICAN	NT'S PARTICULARS	S						
Title Mr Ms									
Surname:									
First Name(s):	Mic	ddle Name:							
	D Gender:								
				Nationality:					
Marital Status: Single	,		d						
Postal Address:									
Residential Address:									
Town/Village	_								
Region:									
Email Address:									
	EMERGEN	CY CONTACT PE	RSON						
Full Name:									
Relationship:									
Home Address (Town /Village)		Reç	gion:						
Tel. No:		Cell. No:							
Email Address:									
	D	ECLARATION							
I hereby confirm that all the information pr being considered.	rovided is correct to the be	est of my knowled	ge. Any f	false information will lead to my application not					
Signature of applicant:				Date:					
	FOR OFFICE USE ONL	Y (do not fill in p	olease)						
Semester	Y	ear							
Candidate No	O	ccupation and Le	vel						
Block	R	oom No							
Signature HC	D:	ate							