



APPLICATION FOR ADMISSION

January 2026 Supplementary

INSTRUCTIONS TO APPLICANT:

1. Complete the areas on the form in Block letters in black/ blue ink.
2. 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 ATM cash deposit.**
3. 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.
4. Completed application forms can be submitted at Enhana VTC or mailed to Enhana VTC, P O Box 13434: Enhana
5. The due date for application is 30 January 2026

Attach recent
passport photo here

APPLICANT PARTICULARS (Mark in the appropriate box with an 'X')

| | | | | | | | | | | | | | |
|----------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------|---------------------------------------|----------------------------|--------------------------|------------------|
| Title: | Mr | | Ms | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | |
| First Name: | | | | Middle Name (s): | | | | | | | | | |
| Date of Birth: | <input checked="" type="checkbox"/> Y | <input checked="" type="checkbox"/> M | <input checked="" type="checkbox"/> M | <input checked="" type="checkbox"/> D | <input checked="" type="checkbox"/> D | Gender: | <input checked="" type="checkbox"/> M | <input type="checkbox"/> F | <input type="checkbox"/> | Identity Number: |
| Contact Number: | | | | | | | | | | | | Nationality: | |
| Email Address: | | | | | | | | | | | | | |
| Marital Status: | Single | | | | | | Married | | | | | | |
| Postal Address: | | | | | | | | | | | | | |
| Residential Address: | | | | | | | | | | | | | |
| Region: | | | | | | | | | | | | | |

EMERGENCY CONTACT/LEGAL GUARDIAN

| | |
|----------------|------------------|
| Full Name: | Cell Number: |
| Email Address: | |
| Relationship: | Town or Village: |
| Region: | |

ADMISSION REQUIREMENTS

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|--|
| Grade 10 Certificate (JSC) 23 Points in 6 subjects, with an E symbol in Mathematics, English and Physical Science, when applying for Technical Occupation |
| Grade 11/12 Certificate (NSSCO/IGCSE) 20 Points in 6 subjects, with an F symbol in Mathematics, English and Physical Science/Physics/Chemistry, when applying for Technical Occupation |
| Grade 11 Certificate (NSSCO) in a related Vocational field, 18 points in 6 subjects, with an F symbol in Mathematics, English and Physical Science/Physics/Chemistry when applying for Technical Occupation. |
| Grade 11/12 (NSSCO/IGCSE) 20 points in 6 subjects, with an E symbol in English when applying for Office Administration Level 1 |
| Grade 11/12 (NSSCO/IGCSE) 20 points in 6 subjects, with an F symbol in English & Mathematics when applying for Facility Maintenance Wholesale & Retail Operations and Information Communication Technology (ICT) |
| National Vocational Certificate Level 1 (Office Administration and Bricklaying) when applying for level 2 |
| National Vocational Certificate Level 2 (Bricklaying and Plumbing) when applying for Level 3 |
| National Vocational Certificate Level 3 (Bricklaying, Plumbing and Solar Equipment Installation and Maintenance) when applying for level 4 |
| National Vocational Certificate level 4 (Bricklaying and Plastering, Plumbing, Carpentry, Joinery and Cabined Making), when applying for a National Vocational Diploma in Civil and Building Services Engineering (Building and Civil Construction Management) Level 5 |

CAREER CHOICE

Choose in order of preference the occupation you are applying for. Write a number in the box in order of preference
e.g., **First choice write 1 and second choice write 2** (Do not write in the shaded boxes).

| QUALIFICATIONS | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | For Official Use Only (Please, do not write in this space) |
|---|---------|---------|---------|---------|---------|--|
| National Vocational Certificate in Bricklaying & Plastering | | | | | | |
| National Vocational Certificate in Facility and Maintenance (<i>Entry level is Level 2</i>) | | | | | | |
| National Vocational Certificate in Information, Communication and Technology (<i>Entry level is Level 2</i>) | | | | | | |
| National Vocational Certificate in Joinery and Cabinet making | | | | | | |
| National Vocational Certificate in Metal Fabrication (Welding) (<i>Entry level is Level 2</i>) | | | | | | |
| National Vocational Certificate in Office Administration | | | | | | |
| National Vocational Certificate in Plumbing and Pipefitting | | | | | | |
| National Vocational Certificate in Solar Equipment Installation and Maintenance | | | | | | |
| National Vocational Diploma in Civil and Building Services Engineering (Building and Civil Construction Management) | | | | | | |

TERTIARY EDUCATION

| | | |
|--------------|----------------|----------------------|
| Institution: | Town: | |
| Address: | Region: | |
| Phone: | Email Address: | Year of Examination: |

SECONDARY EDUCATION

| |
|-----------------------|
| Highest Grade passed: |
| Name of the School: |
| Region: |

SUBJECTS OF THE HIGHEST GRADE PASSED

| Subjects | Examination Type | Grades/Symbols |
|----------|------------------|----------------|
| | | |
| | | |
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WORK EXPRIENCE (If applicable)

| | |
|-------------------------|---------|
| Position: | |
| Employer: | |
| Employer Address: | |
| Employer email Address: | |
| Contact No: | Region: |
| Employment period: | |

SOCIAL & ECONOMIC STATUS (Mark in the appropriate box with an 'X')

| | | | |
|--------------------------------------|-----|----|--|
| Are you from marginalized community? | Yes | No | |
| Are you an orphan? | Yes | No | |
| Do you need financial assistance? | Yes | No | |

HEALTH PARTICULARS (Mark in the appropriate box with an 'X')

| | | |
|---|-----|----|
| Do you have any Disability or sensory impairment? | Yes | No |
|---|-----|----|

If yes, state the nature of your disability/ impairment. (If possible, attach a copy of medical report)

Based on your disability/ impairment, do you have any special need/s? (Please specify)

Do you suffer from any chronic disease/s?

Yes

No

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

PERSONAL PROTECTIVE EQUIPMENT

Shoe size:

Overall size:

Shirt size:

Trousers/Skirt size:

DECLARATION

I hereby confirm that all the information provided is correct to the best of my knowledge, and that all the attached supporting documents are authentic. Any false information will lead to my application not being considered.

Applicant signature:

Date:

BANKING DETAILS:

Eenhana VTC
First National Bank
Account Number: 62244479318
Business Standard Call Account
Branch Code: 281773
Reference: Applicant's full name