

**STUDENT NUMBER:**  
*For Official Use Only*

**Supporting Documents Required** (*Please do not attach original documents*)

- National Identity Document – certified copy
- School Leaving Certificate for Grades 10, 11, and 12 – certified copy
- Academic Qualifications or Statement of Results – certified copy
- Proof of N\$100.00 application fee payment – original bank deposit slip or Finance Office receipt.
- Current School Report – certified copy
- Completed application forms can be submitted at Nakayale VTC in Outapi or via courier  
To: Nakayale VTC, P.O. Box 910, Outapi, before or on 30 June 2026

**PASSPORT PHOTO  
OF APPLICANT**

(Compulsory)  
*Please attach a recent passport photograph of yourself*

**SECTION 1: APPLICANT'S PARTICULARS**

**Title:** Mr  Ms  Other (specify)       **Marital Status:** Single  Married

**Surname:**

**First Name(s):**

**Initials:**

**Date of Birth:**

D

D

M

M

YYYY

**Identity No:**

**Gender:**

M

F

**Maiden Name:**

**Contact Number:**

**Nationality:**

**Passport No.:**

**Residential (Home)  
Address:**

**Region:**

**Postal Address:**

**Email:**

*NB: Only one (1) email address can be used per applicant.*

**SECTION 2: EMERGENCY CONTACT / LEGAL GUARDIAN**

**Family relationship:** Father  Mother  Spouse/Partner  Guardian

**Title:** Mr  Ms  Other

**Identity No.:**

**Surname:**

**First Name(s):**

**Initials:**

**Cell Number:**

**Region:**

**Email Address:**

**Town or Village:**

*(To be contacted in case of emergency.)*

**SECTION 3: MINIMUM REQUIREMENTS AND CAREER CHOICE**

**Choose in order of preference. Put a number: First choice = 1 and Second choice = 2. CHOOSE ONLY 2 (Two trades).**

Qualification / Programme	Minimum Admission Requirements	Mode	Choice (1 or 2)
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**SECTION 6: FINANCIAL ASSISTANCE****(Mark in Appropriate box)**

Do you need financial assistance?

Yes No 

Do you need hostel accommodation?

Yes No **SECTION 7: HEALTH PARTICULARS**

Do you have any disability?

Yes No *If yes, state the nature of your disability:**Based on your disability, do you have any special needs? (please specify)**If yes, please provide further details:*

Do you suffer from any chronic disease/s?

Yes No *If yes, please provide further details:***Are you a member of a marginalised community (e.g. San, Ovatie, Ovattjimba)?**Yes  No *If 'yes', please attach the certificate***SECTION 7: PERSONAL PROTECTIVE EQUIPMENT**

Shoe size: \_\_\_\_\_ Overall size: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ Skirt/Trousers size: \_\_\_\_\_

Chef Uniform Trouser size: \_\_\_\_\_ Chef Uniform Jacket size: \_\_\_\_\_

**Do you have access to the following? (Please tick where applicable):**Computer Cellphone Internet **SECTION 8: DECLARATION***I hereby declare that all the particulars given in this application form are true and correct. I further declare that my enrolment shall be subject to the institution's terms and conditions.***SIGNATURE OF APPLICANT**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**SECTION 9: FOR OFFICE USE ONLY****APPLICATION FEE RECEIVED:**

\_\_\_\_\_

**RECEIPT NUMBER:**

\_\_\_\_\_

**Status of the Application:** Admitted Not Admitted*Reason(s):***BANKING DETAILS****NTA – Nakayale VTC****Bank: Bank Windhoek****Account Number: 8004837283****Cheque Account, Outapi Branch****Branch Code: 484-173****Reference: Applicant name and surname**



## APPLICATION FOR HOSTEL ACCOMMODATION (Full -Time Trainees Only)

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

### SECTION A: APPLICANT'S PARTICULARS

**Title:** Mr  Ms

**Marital Status:** Single

Married

**Surname:**

**First Name(s):**

**Middle Name:**

**Date of Birth:**

DD

MM

YYYY

Gender: M  F

**Cell/Tel No:**

**Nationality:**

**Email Address:**

**Postal Address:**

**Residential Address:**

**Town/Village:**

**Region:**

### SECTION B: EMERGENCY CONTACT PERSON

**Full Name:**

**Relationship:**

**Home Address (Town/Village):**

**Region:**

**Tel. No:**

**Cell. No:**

**Email Address:**

### SECTION C: DECLARATION

*I hereby confirm that all the information provided is correct to the best of my knowledge. Any false information will lead to my application not being considered.*

Signature of applicant: .....

Date: .....

### SECTION D: FOR OFFICE USE ONLY

**Semester**

**Year**

**Candidate No**

**Occupation and Level**

**Block**

**Room No**

**Signature HC**

**Date**