



OFFICE USE ONLY:
APPROVED / NOT APPROVED
STUDENT NUMBER IF APPROVED:

Application form

Intake: June 2025

SECTION A: PROGRAMME OF STUDY YOU ARE APPLYING FOR

National Vocational Certificate – Occupational Health & Safety (Level 4 – Duration 1 year)

National Vocational Diploma – Occupational Health & Safety (Level 5 – Duration 2 years)

SECTION B: PERSONAL DETAILS

Title: Date of Birth:

First Name(s):

Initials: Surname:

Namibian ID number: Gender Female Male

Home Language:

Town: _____ Region: _____

Mobile Number:

Email Address:

SECTION C: ACADEMIC HISTORY

Last School Attended: _____

Highest Grade Passed: _____ Year: _____

Marks Obtained (6 subjects): _____ points

Section D: Physical Challenges / Chronic Illness

Do you have any known disability: Yes / No

If YES, please give more information. (Your information will be kept confidential)

Do you have any chronic illness? YES NO

If yes, please specify _____

SECTION E: PAYMENT DETAILS

How do you intend to pay for your studies:

Employer: Private (once-off): Private (8 monthly installments N\$2000):

NSFAF Funding: Other: Specify - _____

TERMS & CONDITIONS:

1. WN Occupational Health & Safety Academy (referred to as WN OHSAC hereinafter) reserves the right to refuse any application not meeting the criteria for registration as a student at WN OHSAC.
2. The Applicant accepts the terms and conditions, and any rules and regulations attached to any of the courses enrolled for, by signature hereof.
3. Enrollment may be cancelled within 7 days. The enrollment / registration fee of N\$ 2000-00 and course fee of N\$2000 is due on the day of registration, and before any training can commence. In a period of more than thirty (30) days after registration, cancellation will be accepted but the course fees will be due and payable. Only cancellation done in writing will be accepted.
4. It is the responsibility of the applicant to ensure that any outstanding fees are paid to WN OSHAC, whether you are self-sponsored or sponsored by a parent/employer/scholarship.

5. Banking Details:

Bank Windhoek
Account Name: WN OHS Academy
Account Number: 8038510104
Branch: Mariental
Branch Code: 481 – 471
Reference: Surname Name

SECTION F: APPLICANT’S DECLARATION

I Ms./Mrs./Mr. (name & surname) _____ ID no _____

Do hereby declare that the information provided on this application is true and accurate in every sense. I understand that providing false information is against the law and if it is discovered at any stage that the information I provided is inaccurate or false, this could render my application for enrollment invalid and offer withdrawn.

Signed on this _____ (date) at _____ (place).

Applicant Signature _____

SECTION G: PLEASE ENSURE THE FOLLOWING CLEARLY CERTIFIED DOCUMENTS ARE ATTACHED TO THE APPLICATION: (if send via email/WhatsApp, please ensure that it is in PDF format)

- Applicant ID
- Full Birth Certificate
- School leaving results (latest)
- Pay slip / Declaration of unemployment (if under 18)
- Spouse ID
- Unemployment declaration / Pay slip

Parents:

- ID's
- Death Certificate / Declaration of unemployment / Pay slip
- **Mature Age Entry:** Confirmation of employment

Applications that are handed in without the above documents will not be considered.

OFFICE USE ONLY

ACCEPTED / NOT APPROVED