



WELWITCHIA HEALTH TRAINING CENTRE

APPLICATION FORM FEBRUARY 2024 INTAKE

STUDENT NUMBER:

Academic Year Applied for:

SECTION 1: PROGRAMME OF STUDY FOR WHICH YOU WISH TO ENROLL

First Choice:

Second Choice:

Choose the appropriate campus below: (select two campuses of your choice):

First Campus Choice 1

Second Campus Choice 2

Katima Mulilo	<input type="checkbox"/>	Kombat	<input type="checkbox"/>	Mururani	<input type="checkbox"/>	Nkurenkuru	<input type="checkbox"/>
Outapi	<input type="checkbox"/>	Walvis Bay	<input type="checkbox"/>	Windhoek	<input type="checkbox"/>	Ongwediva	<input type="checkbox"/>
Oshikuku	<input type="checkbox"/>						

SECTION 2: APPLICANTS PARTICULARS

Title: Surname:

First Name(s): Previous Surname: (if changed)

Namibian Identity Number: Date of Birth:

Gender: Male Female Home Language:

Hometown:

Region of origin (Namibian nationals only) tick box below:

Erongo	<input type="checkbox"/>	Hardap	<input type="checkbox"/>	Karas	<input type="checkbox"/>	Kavango East	<input type="checkbox"/>
Kavango West	<input type="checkbox"/>	Khomas	<input type="checkbox"/>	Kunene	<input type="checkbox"/>	Ohangwena	<input type="checkbox"/>
Omaheke	<input type="checkbox"/>	Omusati	<input type="checkbox"/>	Oshana	<input type="checkbox"/>	Oshikoto	<input type="checkbox"/>
Otjozondjupa	<input type="checkbox"/>	Zambezi	<input type="checkbox"/>				

If not a Namibian citizen, please provide the following details:

Country of Origin: Passport Number: Expiry Date:

Type of Permit: Permit Number: Expiry Date:

SECTION 3: CONTACT PARTICULARS

Postal Address:

Residential Address (Compulsory)*:

Telephone No: (area code)

Cellphone No: (Compulsory)*

Fax No:

E-mail: (compulsory)*

NB: only one (1) Email address per applicant



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Parent/Legal Guardian Particulars (This information is required in the case of an emergency)

Family relationship with the person whose particulars are supplied.

Father Mother Spouse/Partner Guardian

Title: Mr. Ms. Other (specify)

Full name and Surname:

Postal Address:

Home (Street) Address:

Telephone (home):

SECTION 4: PAYMENTS DETAILS

Name of Person/Institution responsible for payment:

Postal Address:

Email Address:

Telephone:

SECTION 5: BACKGROUND INFORMATION

This section requires personal information regarding your health status and your current economic status. The information will be treated with the highest level of confidentiality and will never be disclosed to any third parties. When filling out this section, please be truthful. We will not penalize a candidate for providing this information, but rather use it to determine if a prospective student needs special arrangements. We provide this section for the benefit of prospective students, as well as for the safety of all students and staff on campus.

Are you Wheelchair-bound? Are you visually impaired? (blind)

Do you have a disability? Do you have a chronic medical condition?

Have you ever been diagnosed with a Psychiatric Disorder? Are you diabetic?

If you answered yes to any of the questions above, or suffer from a condition not mentioned above Please state any challenge you might experience and assistance that you might need below:

SECTION 6: ETHNIC MINORITIES

Are you a member of the following ethnic minorities?
Please tick (✓) if your answer is "yes." Attach your full birth certificate and a sworn declaration by your Regional Councillor or Village Headman confirming ethnic group origin.

Orphan Vulnerable Children (OVC):

San/Ovazemba/Ovahimba:



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SECTION 7: EDUCATIONAL BACKGROUND

Last School Attended/Current School

Address of School

Highest grade passed:

Date and Year of Examination

Tertiary Education Details: (Enclose original certified copies of transcripts, certificates, diplomas etc).

Name of Institution	Year From	Year To	Qualification Obtained or Enrolled for
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 8: GENERAL INFORMATION

Name of Employer: Telephone Number:

Postal Address:

Do you have access to the following: State "Yes" or "No"

Computer: Internet: Cellphone:

SECTION 9: DECLARATION AND UNDERTAKING BY APPLICANT

By signing the application for I/we declare, agree, and undertake the following towards Welwitchia Health Training Centre:

1. That I shall acquaint myself with the content of the rules and regulations of the institution that apply to students in general as well as the course/programme for which I am registering and that, for the entire duration of my study, I commit myself to the fulfilment of these rules and regulations as well as to the additional rules and regulations that WHTC may announce from time to time.
2. That the non-fulfilment of these rules and regulations can lead to disciplinary steps taken, including permanent suspension from the institution.
3. That I shall acquaint myself with the admission requirements of the institution for the course/program for which I am registering and shall fulfil these requirements at the commencement of the academic year.
4. That I accept liability for all fees payable by me to WHTC.
5. That I cede and transfer to the institution my rights and title in any intellectual property that I create or make in the course of any study or research project that I undertake or may undertake at the institution or that I develop or may develop with the assistance of the institution, except where otherwise agreed. I undertake to sign any document, whenever necessary, to cede and transfer the rights concerned.
6. That this contract is valid and enforceable for the entire duration of my registration at the institution and thereafter until I have fulfilled all obligations in terms thereof.
7. That the institution is entitled to summarily cancel my registration at any time if I should provide false or incorrect information to the institution.
8. I undertake not to hold WHTC or any of its employees liable for any damages or loss of whatever nature that I may incur in respect of personal property.
9. That this agreement is concluded online and is regulated by and interpreted in accordance with international law, including Namibian, South African, and United States law.

Signature of Applicant Date:

Signature of Parent/Legal Guardian Date:



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INSTRUCTIONS FOR THE COMPLETION OF THE FORM

1. Complete the form in BLOCK LETTERS in black ink. Refer to the Prospectus when completing this form. Please mark only the appropriate answer with a tick (✓).
2. The closing date for application is **2 February 2024**. Applications received after the deadline will not be considered.
3. An application fee of N\$ 230 must accompany this application. The payment should be made by bank deposit. The original Deposit slip or POP must be attached to the application form. You must pay into one of the following bank accounts:

BANK DETAILS

NEDBANK

WELWITCHIA HEALTH TRAINING CENTRE
ACCOUNT NUMBER: 11990228185
BRANCH CODE: 461617
BRANCH: BUSINESS CENTRE
SWIFT CODE: NEDSNANX

BANK WINDHOEK

WELWITCHIA HEALTH TRAINING CENTRE
ACCOUNT NUMBER: 8022653705
BRANCH CODE: 486372
BRANCH: CAPRICORN
SWIFT CODE: BWLINANX

4. The application form will be processed electronically. It is in your own interest to complete it correctly. Incomplete or incorrect information may lead to delays and/or rejection of the application.
5. Please complete only one form per candidate.
6. Candidates will be contacted via email, please ensure that your email address is correct and that your email provider does not recognize WHTC emails as SPAM.

International Students

1. Non-SADC nationals should apply for a study visa upon receipt of your Admission letter. At your request, WHTC will arrange for a student visitor letter (if you are going to apply for a student visitor visa) to be provided to you.
2. SADC nationals (e.g., South African), you are required to apply for an Extended student visa at the Namibian Embassy/High Commission in your country and provide them with your letter of Admission.
3. It is the Applicant's responsibility to check how long it will take to obtain a Visa in your country and plan the submission of your application accordingly. WHTC reserves the right to de-register non-Namibian candidates without proper immigration clearance.

Credit transfer and prior Qualifications

WHTC reserves the right to conduct primary verification of all relevant documentation and/or whole qualifications submitted to us. Upon registration, you are required to submit a certified copy of all documents and/or qualifications submitted in this application. WHTC reserved the right to deregister and/or refer for prosecution any candidate who submits false or fraudulent documents.

CHECKLIST: ITEMS THAT MUST BE SUBMITTED BEFORE YOUR APPLICATION WILL BE PROCESSED. (PLEASE TICK)

Application form: All parts of the application has been completed.

Application Fee: Proof of payment is attached e.g., bank deposit slip.

A certified copy of latest school results.

A certified copy of all tertiary qualification(s) and academic record.

An original letter from Employer(s).

A certified copy of ID document (Namibian Citizens) or Passport (Foreign students).

An original official translation of the foreign qualification – if in a foreign language other than English.

A certified copy of the Namibian Qualification Authority (NQA) evaluation of foreign qualifications (if qualification is obtained in another country).

A certified copy of the marriage certificate (Where applicable) or divorce order (Where applicable).

**CONTACT THE FOLLOWING NUMBERS FOR MORE INFORMATION:
TEL +264 84 0007745, + 264 84 000 7713/14/20,**