

APPLICATION FORM FOR ADMISSION - 2027

PROOF OF DOCUMENTATION to accompany the application:

1. Identity (ID) Card / Birth Certificate
2. School Leaving certificate
3. Proof of Payment (original bank deposit slip)

Application Fee (Non-refundable):

N\$100.00 The application fee must be paid to DAPP Vocational Training School account **55420030939**, **FNB Oshakati branch**.

NB: Please use your full name as reference on the deposit slip and send proof of payment along with your application

Completed application form must be mailed to:

- **The Project Leader, DAPP Vocational Training School, P.O. Box. 135, Outapi.**
- Or emailed to: **dappvts@dapp-namibia.org**
- Or hand delivered to the DAPP Vocational School in Onambelela, 10 km east of Outapi along the Oshakati-Ruacana main road, or to any DAPP /TCE office in different regions.

Instructions

1. Complete the form in full in black ink
2. Write in BLOCK LETTERS, where a choice is given, mark only the appropriate answer with an X

DAPP Vocational Training School,
P.O. Box 135 Outapi,
Namibia. Tel: 065 251179,
E-mail: dappvts@dapp-namibia.org



DAPP Namibia Co-Founder and Member of HUMANA People to People
The Federation for National Associations Connected to the International HUMANA People to People Movement

SECTION 1: COURSES AVAILABLE FOR STUDY

All courses are accredited by Namibia Qualifications Authority

Please mark with **X** your intended course of study

1.National Vocational Certificate in Horticulture and Crop Husbandry Level 2 (1 year) ☐

2.National Diploma in Early Childhood Development (ECD) Teaching Level 6 (2 years)

Face to face ☐ On distance (blended learning) ☐

SECTION 2: APPLICANT PARTICULARS

Boarding ☐	Day Student ☐
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TITLE:	Mr.		Mrs.		Miss.																			
Surname																								
First Name (s)																								
Date of Birth	D	D	M	M	Y	Y	Y	Y	ID No															
Passport No																								
Marital Status	MARRIED								SINGLE								DIVORCED							
Maiden Name (if applicable)																								
Home Language																								
Home Town																								
Region of Origin																								
Citizenship																								
Contact Number																								

SECTION 3: NEXT OF KIN PARTICULARS

Postal Address:	Residential Address:
Email Address:	Mobile Number:
Next of Kin Full Name:	
Contact Details: (Cell)	(Work)
Relationship to Applicant:	

SECTION 4: HEALTH QUESTIONNAIRE

Level of General Health	GOOD		POOR		Any special requirements:
Are you physically disabled?	YES		NO		If yes, please explain below:

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SECTION 5: SCHOOL LEAVING PARTICULARS

High School Attended	
Highest Grade Attended	
Year Attended	
Have you had any work since you left school?	
Have you received any type of training after leaving school? What type?	
Where did you hear about DAPP VTS?	

SECTION 6: PAYMENT DETAILS *(see annexed document for Fee Structure)*

Name and Surname of person responsible for payment	
Relationship to Applicant	
Residential Address	
Telephone Number (work)	
Mobile Number	

Signature of Applicant

Date

FOR OFFICE USE ONLY					
ACCEPTED		RETURNED		REJECTED	
CONDITIONS APPLICABLE:					
Application Fee Received		Receipt Number			