

SHALOM VOCATIONAL TRAINING CENTRE

P.O. Box 1065 Grootfontein NAMIBIA, E-mail: shalomvtc@gmail.com
Grootfontein - Hage Geingob Street, ERF 796, Cell: +264 67 24 0567
Rundu - Ngandu Plaza, Markus Siwarongo Street, Unit 5 Cell: +264 66 25 78 56



APPLICATION FORM

Attach Recent
Passport photo

VISION STATEMENT

To end up a perceived accomplice in the nation and the district in preparing, abilities improvements and research for social monetary advancement.

MOTTO STATEMENT

"Impacting skills for a better tomorrow"

INSTRUCTIONS FOR THE COMPLETION OF THE FORM

- Complete the application form in **BLOCK LETTERS** in **BLACK INK**.
- Application fee (**N\$ 100. 00**) and it is non-refundable.
- Minimum requirements, Grade 10 or 12 certificate.
- Attach all your relevant documents, certify them, do not attach original documents.
- Incomplete applications form will **NOT** be considered.
- Please do not send cash if posting.
- A non- refundable Registration fee of **N\$ 1 500. 00** is required.
- The form must be submitted to **SHALOM VOCATIONAL TRAINING CENTRE**.

PARTICULARS OF APPLICANT

Surname													
First Name (s)						Initials							
Identity Number										Age			
Date of Birth		D	D	M	M	Y	Y	Y	Y	Nationality			
Gender	Male	Female			Home Language								
Residential Address						Home Town							
Postal Address													
E-mail Address										Cell			
Region: Cross (X) the appropriate region of origin below:													
Erongo	Hardap	//Karas	Kavango East	Kavango West	Khomas	Kunene	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozondjupa	Zambezi

EMERGENCY CONTACT/ PARENT/ LEGAL GUARDIAN

Name													
Residential Address													
Town				Phone				Cell					
Relationship													

EMPLOYMENT HISTORY (if applicable)

Name of Employer			
Your Occupation			
Employer's Postal Address			
Employer's Contact Number			
Year			

EDUCATIONAL BACKGROUND

Last School Attended			Year	
Highest Grade Passed				
Region			Town	
Telephone Number			Fax Number	

TRADE (Cross in the space provided)

Shalom VTC (Rundu)	Shalom VTC (Grooffontein)
CLOTHING PRODUCTION	AGRONOMY
HOSPITALITY(COMMERCIAL COOKERY)	HORTICULTURE
OFFICE ADMINISTRATION	CLOTHING PRODUCTION
	JOINERY & CABINET MAKING
	OCCUPATIONAL HEALTH & SAFETY
	OFFICE ADMINISTRATION

DECLARATION

I, _____ hereby declare that all particulars given in this application form are true and correct. I further declare that my enrolment as a student at **SHALOM VOCATIONAL TRAINING CENTRE** shall be subject to the terms and conditions contained in the CODE OF CONDUCT AND PRACTISE, which I shall complete and sign during the registration process.

SHALOM VTC BANKING DETAILS

Bank Name: Bank Windhoek
Account Name: Shalom Tailoring Academy
Account Number: 8011768294
Account Type: Cheque



APPLICANT SIGNATURE _____	Date:/...../ 20.....
PARENT/ GUARDIAN SIGNATURE _____	Date:/...../ 20.....

FOR OFFICIAL USE ONLY

FULL NAME:

RECEIVED BY: **APPROVED** **DISPPROVED**

SIGNATURE:

DATE: / / 20.....