Application Form

ACADEMIC YEAR APPLIED FOR

Application Fees (Non-refundable)
The following must be paid at the Centre (or into the CVTC Bank Account) when you hand in your application:
Application Fees: N$100.00 | Late Application Fees: N$150.00
(Please attach proof of payment to application form)

Bank Account Details
Clocknet Vocational Training Centre
Standard Bank
Account No: 60002214074

Due Date for Applications: 30 NOVEMBER 2022

PASSPORT PHOTO OF APPLICANT

(Compulsory- please attach recent passport photo of yourself)

NORMAL ENTRY
1.Grade 9 or 11 AS level with a minimum of 18 points with an E symbol in English.

2. Grade 10 or 12 (old curriculum) with a minimum of 18 points with an E symbol in English

NOTE:
The applicant will be required to complete an application form, and return it to Clocknet Vocational Training Centre, accompanied by an application fee (as stipulated on the application form).

Completed Application Forms must be emailed to:
training@cvtc.com.na or

or Sent By Mail to:
Clocknet Vocational Training Centre
P. O. Box 40566
Windhoek

or

or Drop the Application at:
17 Best Street,
Windhoek West,
Windhoek

SECTION 1: PROPOSED COURSE OF STUDY
Before making your programme choice, kindly consult the prospectus for more information on programmes on offer at the various campuses.

First Choice (1)	
Second Choice (2)	

Windhoek Campus	Full Time		Part Time	
Okahao Campus	Full Time		Part Time	

SECTION 2: APPLICANTS PARTICULARS *(mark appropriate box with an 'X')*

Title	Ms		Mr		Other *(Specify)*	
Surname						
First Name(s) in full					Initials	

SECTION 3: CONTACT PARTICULARS FOR APPLICANT

POSTAL ADDRESS		RESIDENTIAL ADDRESS
Tell No:		
Cell No:		
E-mail:		

SECTION 3: PERSONAL PARTICULARS

Date of Birth	d	d	m	m	yyyy	ID No:					
Marital Status	Single						Married		Other		
Gender	M		F			Maiden Name					
Home Language:						Home Town:					

Choose the appropriate region of origin below: (Namibian Nationals Only)

Khomas		Omaheke		Kavango West		Omusati		Kunene		Ohangwena		Oshikoto	
Erongo		/Kharas		Kavango East		Oshana		Zambezi		Otjozondjupa		Hardap	

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

Country of Origin		Passport No:		Expiry Date	
Type of Permit		Permit No:		Expiry Date	

SECTION 5: EMPLOYMENT PARTICULARS

Name of Employer	
Your Occupation	
Employer's Postal Address	
Employer's Telephone No.	

SECTION 6: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS

Father		Mother		Spouse/Partner		Guardian	

Title	Ms		Mr		Other *(Specify)*		
Surname							
First Name(s) in full					Initials		
Home Address (next of kin/guardian):							
Tel No. (Work)							
Tel No. (Home)							
Occupation				Employer's Address:			
Mobile Number				Email			

SECTION 7: SCHOOL LEAVING PARTICULARS

List 6 of your best subjects including English (5 best subjects and the 6th should be English)

Last secondary school attended				
Address of School				
Highest Grade Passed	Grade			
Subject Level #Symbol				

Subject	Level	Symbol

SECTION 8: PAYMENT DETAILS (this section to be completed by parents/guardian responsible for payments)

PERSON RESPONSIBLE FOR PAYING THE STUDENT FUNDS

Father		Mother		Spouse/Partner			Guardian	

Title	Ms		Mr		Other *(Specify)*	
Surname						
First Name(s) in full				Initials		
Home Address (next of kin/guardian):						
Tel No. (Work)						
Tel No. (Home)						
Occupation				Employer's Address:		
Mobile Number				Email		

I, _____hereby declare that all the information furnished by me in SECTION 9 in this form is completed and correct to the best of my knowledge and belief. I further declare that any information found false or incorrect I shall be liable for action taken against me by CVTC.

(PLEASE ATTACH A CERTIFIED COPY OF ID FOR PERSON RESPONSIBLIE FOR PAYMENTS.)

Parent/ Guardian Signature:_____ Date: _____

DECLARATION BY APPLICANT

I, Mr / Mrs / Ms _____
do hereby declare that:

1. By signing this form I agree and I am bound by the terms and conditions in this application, and any rules and regulations attached to the course/s enrolled.

2. By signing this form, it becomes a binding contract.

3. I declare that all the information provided on this application form is true and accurate in every sense. I understand that providing false information is punishable by law and such false information could render my application, withdrawal of admission offer or my enrolment cancellation.

_____	_____	_____
Signed At	Applicants Signature	Date

SECTION 9: TERMS AND CONDITIONS

GENERAL	**CANCELLATIONS**
1. CVTC reserves the right to refuse any application not meeting the criteria for registration as a student on any of the courses. 2. Registration is only complete when the prescribed minimum non-refundable deposit has been paid. 3. All outstanding fees must be paid up before results are released. 4. CVTC shall be entitled to charge interest (10%) in respect on unpaid amounts on the due date. 5. Late application will be considered only if places are available	1. Application and Registration fee is non-refundable. 2. 100% refund of tuition fee for complete course cancellation only if made three working days following enrollment. 3. 50% refund of tuition only for course withdrawal / cancellation made within 30 days following registration. 4. 30% refund on tuition fee for course withdrawals/ cancellation made within 60 days following enrollment. 5. 0% refund on tuition for course cancellation / withdrawal made after 60 days. 6. Refunds will be processed within 30 days of receipt of written cancellation request, via E-payment for record keeping purposes.

FOR OFFICIAL USE ONLY:

Accepted for first choice (1)		Accepted for second choice (2)		Incomplete		Rejected	
Notes:							

For Official Use Only:

Application Received By: _____

Receipt Number: _____

Official Stamp
CVTC
CLOCKNET VOCATIONAL TRAINING CENTRE

Application Form Proof of Submission

Full Name: _____

Received By: _____

Date Received: _____

Signature_____

Official Stamp
CVTC
CLOCKNET VOCATIONAL TRAINING CENTRE

STUDENT INDEMINITY FORM

I_____ hereby declare that while at Clocknet Vocational Training Centre, I will adhere to all necessary safety precautions. I understand that Clocknet Vocational Training Centre cannot be held responsible for any injuries I may sustain during my time at the center.

Gender: _____

ID No._____

Cell No: _____

Address: _____

_____

Signed at _____ On_____20_____

Signature of (Parents /Guardians)_____

Identity Number: _____

Tel/Cell No: _____

Alternative Contact Person: _____

Cell No: _____

_____ _____

Head of Training Date