



**ALBA CHIPAMBA TRAINING CENTER (ACTC)**  
**CELL:0817892769/0814131888/0817520273**  
**P. O. Box**  
**3017 Rundu**  
**925 Walvisbay**  
**2643 Oshikango**

**Email: [albachipamba@gmail.com](mailto:albachipamba@gmail.com)**

### APPLICATION FORM

A NON-REFUNDABLE APPLICATION FEE OF

**N\$180 FOR DIPLOMA & DEGREE PROGRAMS/N\$150 FOR CERTIFICATE PROGRAMS**

MUST BE PAID IN THE FOLLOWING ACCOUNT:

STANDARD BANK ACCOUNT NUMBER 60005446456, BRANCH 085173.RUNDU. NB: USE YOUR ID NUMBER AS REFERENCE NUMBER AND ATTACHED PROOF OF PAYMENT

PROGRAM OF CHOICE	X
CERTIFICATE IN ENROLLED NURSING AND MIDWIFERY SCIENCE	
DIPLOMA IN BIOMEDICAL ENGINEERING	
B SC. DEGREE IN NURSING AND MIDWIFERY SCIENCE (HONORS)	

CAMPUS OF CHOICE FOR CERTIFICATE ONLY	X
RUNDU	
WALVISBAY	
OSHIKANGO	

FOR OFFICIAL USE ONLY

INTAKE GROUP	
A	
B	
YEAR:	

SECTION 2: PERONAL PARTICULARS									
TITLE:	MS	MRS	MR	DR	PROF	OTHER (SPECIFY)			
SURNAME									
FIRST NAME(S) IN FULL									
DATE OF BIRTH					CITIZENSHIP				
ID NUMBER									
GENDER (X)	M	F	MARITAL STATUS:		SINGLE	MARRIED	DIVORCED	OTHER	
COUNTRY OF BIRTH					REGION/PROVINCE:			CITY/TOWN:	

SECTION 3: CONTACT PARTICULARS (COMPULSORY)									
CELLPHONE NUMBER									
TELEPHONE (H/W)									
EMAIL ADDRESS									
FAX									
POSTAL ADDRESS					RESIDENTIAL ADDRESS				

**SECTION 4: EMPLOYMENT PARTICULARS(ONLY APPLICABLE TO APPLICANTS WHO ARE EMPLOYED FULL TIME)**

NAME OF CURRENT EMPLOYER										
YOUR CURRENT OCCUPATION										
EMPLOYERS POSTAL ADDRESS										
EMPLOYERS TELEPHONE NUMBER										
DURATION OF EMPLOYMENT										

**SECTION 5: PARTICULARS OF NEXT OF KIN/GUARDIAN**

(TO BE CONTACTED IN CASE OF EMERGENCY)

MOTHER <input type="checkbox"/>	FATHER <input type="checkbox"/>	LEGAL GUARDIAN <input type="checkbox"/>	SPOUSE <input type="checkbox"/>							
SURNAME										
FIRST NAME(S)										
HOME ADDRESS										
ID										
CELL										
HOME										
WORK										
EMAIL ADDRESS										
ADDITIONAL CELL NUMBER IF UNREACHABLE										

<b>SECTION 6: SCHOOL LEAVING PARTICULARS</b>			
Name of last School Attended:			
Address of School:			
Highest Grade Passed:			
Date of Examination:			
Examination Number:			
Examination Body:			
<b>NB! (A certified copy of your school leaving certificate should accompany this application)</b>			
Nr	Subject Passed in Grade 12	Symbols obtained	Level (s)
1			
2			
3			
4			
5			
6			
<b>SECTION 7: PRIOR LEARNING OR/ POST SCHOOL TRAININGS</b>			
Training Obtained	Year Training Obtained	Training Institution	

I, (Full names) ..... HEREBY CONFIRM THAT, I DO UNDERSTAND THAT ITS ONLY SHORTLISTED CANDIDATES THAT WILL BE NOTIFIED AND CALLED FOR AN INTERVIEW AND NONE OF THE SUBMITTED DOCUMENT WILL BE RETURNED.

\_\_\_\_\_

Applicants Signature

\_\_\_\_\_

Date:

FOR OFFICIAL USE ONLY											
Accepted		Rejected									
Condition Applicable											
Symbol Obtained											
Overall points Obtained											
English		Mathematics									
Biology		Physical									
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