



ALBA CHIPAMBA TRAINING CENTER (ACTC)
Cell: 0817686882/0814131888

P O BOX 925 WALVISBAY
2643 OSHIKANGO

Email: albachipamba@gmail.com

APPLICATION FORM

SEMESTER 1

SEMESTER 2

A NON-REFUNDABLE APPLICATION FEE OF **NS\$100.00** MUST BE PAID IN STANDARD BANK ACCOUNT,
ACCOUNT
NUMBER 60005446456, BRANCH 085173, WALVIS BAY. NB: USE YOUR ID NUMBER AS REFERENCE
NUMBER AND ATTACHED PROOF OF PAYMENT

CAMPUS OF CHOICE	X
WALVISBAY	
OSHIKANGO	

SECTION 1 : NAME OF COURSE													
TWO YEAR TRAINING FOR ENROLLED NURSES (CERTIFICATE)													
SECTION 2 : PERSONAL DETAILS													
Title:	Mr		Ms		Other (specify)								
Surname:													
Maiden Name:													
First Names in full:													
Date Of Birth:	Y	Y	Y	Y	M	M	D	D	Citizenship				
ID. NUMBER													
Gender:	M		F	Marital Status				Single		Married		Divorced	
Place of Birth								Others, specify.					
Country of birth				REGION									
SECTION 3 : CONTACT PARTICULARS													
Telephone Number													
Cell Number													
Fax Number													
Email													
Postal Address:							Residential Address:						

SECTION 4 : EMPLOYMENT PARTICULARS(only if applicant is in full-time employment)	
Name of current Employer	
Your current occupation	
Employer's Postal Address	
Employer's Telephone Number	
Work Experience	

SECTION 5 : PARTICULARS OF APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN (To be contacted in cases of emergency)	
Father <input type="checkbox"/>	Mother <input type="checkbox"/>
Spouse <input type="checkbox"/>	Guardian <input type="checkbox"/>
Title <input type="checkbox"/>	Mr <input type="checkbox"/>
Ms <input type="checkbox"/>	Other(specify) <input type="text"/>
Surname	
First names in full	
ID No	
Home Address	
Telephone No:	
Home	Cell: <input type="text"/>
Work	E-Mail <input type="text"/>

SECTION 6 : SCHOOL LEAVING PARTICULARS			
Name of last School Attended:			
Address of School:			
Highest Grade Passed:			
Date of Examination:			
Examination Number:			
Examination Body:			
NB!(A certified copy of your school leaving certificate should accompany this application)			
No:	Subject Passed in Grade 12	Symbols obtained	Level (s)
1			
2			
3			
4			
5			
6			
SECTION 7 : PRIOR LEARNING OR/ POST SCHOOL TRAININGS			
Training Obtained	Year Training Obtained	Training Institution	

I, (Full names) 9..... 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.

