



APPLICATION FOR STUDENT ADMISSION TO THE INSTITUTE INTAKE / YEAR:

#THINKNURSING

APPLICATION FEES (NON-REFUNDABLE)

Normal application fee (N\$300.00)

Late application fee (N\$450.00)

Attach original deposit slip to the application form upon submission

**ATTACH RECENT
PASSPORT
PHOTO**

INSTRUCTIONS:

1. Complete the form in BLOCK LETTERS in Black or Blue INK.
2. Applicants with foreign Qualification must attach NQA Evaluation Letter.
3. If in need of a study permit arrange for it before commencing studies with us.
4. NTIT not be responsible for the loss of any original documents (no copies will be returned back to applicant).
5. All information supplied by the applicant will be treated as confidential.

SECTION 1: PROPOSED COURSE OF STUDY

| Course of study which you wish to enrol | Please tick in the appropriate box | | Select Mode of Study (Full Time, Part Time or Distance) |
|--|------------------------------------|--------------------------|--|
| Enrolled Nursing & Midwifery Science Level 6 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nursing Foundation Level 4 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nursing Assistant Level 4 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Auxiliary Nursing Level 4 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Healthcare Giver Level 4 | <input type="checkbox"/> | <input type="checkbox"/> | |

Please tick in the appropriate box

| | | | | | | |
|---------------|-----------------|--------------------------|------------------|--------------------------|---------------|--------------------------|
| Branch | Windhoek Branch | <input type="checkbox"/> | Ongwediva Branch | <input type="checkbox"/> | Okongo Branch | <input type="checkbox"/> |
|---------------|-----------------|--------------------------|------------------|--------------------------|---------------|--------------------------|

SECTION 2: APPLICANT'S PARTICULAR

| | | | | | | |
|---------------|----------------------|--------------------------|-----|--------------------------|----------------------|----------------------|
| Title | Mr. | <input type="checkbox"/> | Ms. | <input type="checkbox"/> | Other (Specify) | <input type="text"/> |
| Surname: | <input type="text"/> | | | | | |
| First Name(s) | <input type="text"/> | | | Initials: | <input type="text"/> | |



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SECTION 3: CONTACT PARTICULAR (COMPULSARY)

| | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|
| Postal Address | | | | | | | | | | Residential Address | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Mobile Number: | | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | | | |

SECTION 4: PERSONAL PARTICULARS

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|----------|--|--|--|--|-----------|--|--|--|--|-----------------|--------|--|--|--|----------------|--------|---|---|---|---------|---|---|---|
| ID Number: | | | | | | | | | | | | | | | | Date of Birth | D | D | M | M | Y | Y | Y | Y |
| Passport No: | | | | | | | | | | | | | | | | Marital Status | Single | | | | Married | | | |
| Maiden Name: | | | | | | | | | | | Gender: | Female | | | | Male | | | | | | | | |
| Home Language | | | | | | Home Town | | | | | | Region | | | | | | | | | | | | |
| Citizenship: | Namibian | | | | | | | | | | Other (specify) | | | | | | | | | | | | | |

| | | | | |
|---|-----|--|----|--|
| DO YOU HAVE ANY CHRONIC ILLNESS, IMPAIRMENT OR DISABILITY? | Yes | | No | |
| If 'yes' please specify and attach documents specifying your condition. | | | | |
| Based on your disability, do you have special needs? | Yes | | No | |
| If 'yes' briefly state your additional needs arising from the above-mentioned impairment or disability. | | | | |



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SECTION 5: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS

| FAMILY RELATIONSHIP WITH THE PERSON WHOSE PARTICULARS ARE SUPPLIED | | | | | | | |
|--|--|--------|--|----------------|--|----------|--|
| Father | | Mother | | Spouse/Partner | | Guardian | |

| | | | | | | | |
|--------------------|-----|--|------|--|-----------------|--|--|
| Title: | Mr. | | Mrs. | | Other (Specify) | | |
| Surname; | | | | | | | |
| First Name (s): | | | | | | | |
| ID Number: | | | | | | | |
| Home Address: | | | | | | | |
| Cell phone Number: | | | | | | | |
| Employer: | | | | | | | |
| Occupation: | | | | | | | |
| Employers Address: | | | | | | | |

Section 6: SCHOOL LEAVING PARTICULARS

| | | | |
|-----------------------|--|-------|--------|
| Name of the School: | | | |
| Highest grade passed: | | Year: | |
| Subjects | | Level | Symbol |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Points: | | | |



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SECTION 7: TERTIARY EDUCATION

| Name of Institution | Year | Qualification Obtained |
|---------------------|------|------------------------|
| | | |
| | | |

SECTION 8: PAYMENT DETAILS

| | |
|---|--|
| Name of person / Institution responsible for payment: | |
| Relationship with Applicant: | |
| Residential Address: | |
| Employer: | |
| Occupation: | |
| Town: | |
| Email Address: | |
| Cell phone Number: | |

SECTION 9: DOCUMENTS TO BE ATTACHED

| Items | Tick |
|--|------|
| Certified copies of ID/Passport/ (Birth Certificate if the applicant has not yet received an ID) | |
| One recent passport photo | |
| Certified copies of all your academic certificate(s) /results. | |
| Proof of Application fee | |
| Original official translation of the foreign qualification – if in a foreign language other than English | |
| NQA Evaluation letter (for International Qualification | |
| Uniform | Size |
| Indicate your shoes size | |
| Indicate your shirt & t-shirt | |
| Indicate your pants or trouser | |



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SECTION 10: DECLARATION TO BE SIGNED BY THE PROSPECTIVE STUDENT

Ihereby agree to abide by the refund policy of this Institution, and any amendments thereto, as spelt out clearly in the refund policy (Annexure A). I also understand that this enrolment contract is accepted on the clear understanding that it cannot be cancelled upon commencement of a course.

Signed.....on this.....day of.....month of the year
20.....

Office use only

| | | | |
|---------------------------|--|-----------------|--|
| Application Fee Received: | | Student Number: | |
| Accepted: | | Rejected: | |

Application stamp

Registration stamp

Student registered stamp

Bank Account

Nursing Training Institute of Technology

| | |
|------------------------|---------------|
| Bank Name: | Standard Bank |
| Branch: | Maerua Mall |
| Branch Code: | 086872 |
| Account Number: | 60005868571 |
| Swift Code: | SBNMNANX |

Reference: Your Full name



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SECTION: 11 ANNEXURE (REFUND POLICY)

- ❖ Any Course Withdrawals or Cancellations must be received by the Office Administrator in writing 10 working days or less after registration.
- ❖ The Chairman/Director does not in his own personal or official capacity directly deal with student's withdrawal or refund matters. Students must, therefore not direct their withdrawal or refund request to the Chairman/ Director.
- ❖ Upon submission of the withdrawal and/or refund request, student should take responsibility to obtain an official acknowledgement letter and copy of Board of Studies (BOS) Minutes from the Students Affairs Office or the Centre Head/Manager confirming that his/her cancellation or withdraw from his/her studies has been received and authorized by the Registrar or Management Committee.
- ❖ NO REFUND OF ANY FEES PAID TO NTIT AFTER REGISTRATION;
- ❖ No any refund is made if the student stops attending classes or is suspended from studies due to his/her failure to comply with the institution rules and regulations. In this case, student shall still remain liable for the full tuition fees for the whole year;
- ❖ A student who is not satisfied with College's resolution regarding refund request may appeal to the Students' Appeals Board in writing within 5 working days from the date of receiving the outcome.
- ❖ It shall be considered as a violation of the institutional policies if a student or their guardian/parent/sponsor opts to report any internal operations concerns/cases such as unsatisfactory teaching and learning, refund or staff misconduct to any external authorities or individuals e.g. NQA, NTA, Police,
- ❖ Legal Attorneys, etc. without exhausting internal channels and platforms of resolving such concerns. The Management Committee will also consider actions of such authorities to be interventions into the operations of the institution unless where such acts are against the laws of Namibia and/or the student has exhausted all the internal avenues of solving the problem.
- ❖ If the student or her sponsors/parents/guardians opt to violate point 7. NTIT will take that as deemed intentional for damaging the institution brand and image. NTIT is not obligated to accommodate any external queries due to violation of point 7. And the student will face disciplinary hearing.