



APPLICATION FOR STUDENT ADMISSION TO THE INSTITUTE INTAKE / YEAR:

#THINKNURSING

Application fee payment

The non-refundable application fee must accompany this application. Applications submitted without the necessary fees will not be processed. Application fees should be paid directly into the Institution's bank account. No cash payments accepted at Administration Office.

All Students **A late application fee of NS 450-00.**

N\$ 300.00 NON-REFUNDABLE application fee.

Intended study program	Duration (Tick)
NURSING FOUNDATION(Nursing Assistant Auxiliary Caregiver) <input type="checkbox"/>	<input type="checkbox"/> 12 months
CERTIFICATE IN ENROLLED NURSE & MIDWIFE/ACCOUCHEUR <input type="checkbox"/>	<input type="checkbox"/> 24 months

Section A – Applicant Details

Personal Details

Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other(please specify) <input type="text"/>
First Name	<input type="text"/>		Middle name (s)	<input type="text"/>
Surname	<input type="text"/>			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current residential address

Erf number and street name	<input type="text"/>		
Postal city/town	Postcode	<input type="text"/>	
Suburb	COUNTRY	<input type="text"/>	
Telephone Number	Area code	Number	<input type="text"/>
Mobile Number	Area code	Number	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	COUNTRY	<input type="text"/>	



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Section B – Secondary and High School Education

Highest Qualification	Please Tick	Total Points/Results
Grade 10	<input type="checkbox"/>	
Grade 11		
Grade 12		

Section C – Guardian/ Person responsible for paying student's tuition fees

Title	Mr	Mrs	Miss <input type="checkbox"/>	Other (please specify)	
First Name			Middle Name (s)		
Surname					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Relationship to student		
ID Number					

Mobile number	Area code		Number	
Email Address				

Section D – The applicant's Health Status

Do you suffer from any chronic illness? (YES / NO)	If yes, specify:
Do you have any disability? (YES / NO)	If yes, specify:

Section E – NTIT BANKING DETAILS

Account Name: NURSING TRAINING INSTITUTE OF TECHNOLOGY

Account No: 60005868571

Branch code: 086872

Branch name: Maerua Mall

Bank name: STANDARD BANK (SB)

Direct Cash deposit:

| EFT:

Cash by the Cashiers (Campus):

NON- REFUNDABLE FEES AGREEMENT

The following fees are non-refundable, Please tick all boxes below:

☐ Application Fee

☐ Registration/ Late registration

☐ Tuition Fees

☐ Exam Fees

☐ Uniform Fees

☐ Student Card Fees

☐ Golf T-Shirt Fees

☐ All fees paid to the institution

I _____ understand that registering with NTIT, the above mentioned fees are non-refundable.

I _____, ID NO. _____

Isolemnly swear that I will not Harass or damage NTIT's property or their reputation, their brand, or release false information about the Institution unless authorized to share any information. If I fail to adhere to what I have agreed to above, I must be held reliable concerning my violation of NTIT's brand. They have the right to consult their legal department and all cost incurred must be bailed to me to compensate the damages

I _____ ID No. _____ have caused.

Student Signature

Date



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FOR OFFICE USE ONLY			
APPLICATION STATUS			
SUCCESSFUL	WAITING LIST	UNSUCCESSFUL	
STUDENT NUMBER		SIGNATURE	

Application Fee Paid
STAMP

Registration Fee Paid
STAMP

Accepted Application : Registrar's Stamp
STAMP

Tuition Fee Deposit Paid
STAMP

Student Registered
STAMP