

Application Form

Academic Year Applied for 2023

Instructions for the completion of the form

- | |
|---|
| 1. Complete the form in BLOCK LETTERS in black ink (in full) and return it to AIMS School of Sport at 11 Viljoen Street, Windhoek |
| 2. A non – refundable application fee of N\$ 50.00 must accompany this application form. |
| 3. Certified copies of Identity card, Grade 10/12 certificate or statement must be attached of results. Entry requirements: grade 10 with English – E |

				Application	
01. Personal Details					
Surname				Title	Mr./Mrs./Ms./ Dr. Other
First Name in full					
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	I.D Number
Date of Birth				Home Town	
Nationality					

02. Contact Details	
Email Address	
Physical Address	
Postal Address	
Home telephone	
Mobile Number	
Region	
Town	

03. Educational Background and Information			
Last Grade Attended	The Name of the School	Last Year Attended	Highest Grade Passed
Subjects	Grade/Symbol/Percentage	Subjects	Grade/Symbol/Percentage

04. Monthly Income	
Monthly income	
Future plans	
Number of dependents	
Home telephone number	
Number of orphans	

05. Please Tick Proposed filled of Study				
	Tick		Tick	Select Sport Code
Certificate in Football Education and Practice (Level 3)		Certificate in Sport Education and Practice (Level 3)		Netball <input type="checkbox"/>
				Athletics <input type="checkbox"/>
				Boxing <input type="checkbox"/>
06. Any Other Training Attended				
Institution (s)	Year attended	Type of certification obtained	Specific skills attained	

07. Employment Profile		
Present Employer/Organization		
Employer Postal Address		
Employer Telephone number		
Employer Physical Address		
Current Position		
Year of Experience		
	Tick Appropriate Field	
Socio Status	Employed	
	Unemployed	
	Scholar/Student (Not	
	Not Working (Disabled)	

08. Financial Information and Payment					
<i>Who is paying for your studies (Indicate in by ticking in one of the boxes below)</i>					
Sponsorship	Parent		Own fund		Other, specify
Surname			First name		
Postal Address			Work Address (Postal)		
Physical Address					
Work Address (Physical)					
Relationship to the applicant					
Telephone Number(home)			Telephone Number(work)		
Cell No.					

09. General Information			
Language			
First Language		Second Language	
Other Language			
Fluency in English	Fluent	Good	Average

10. Medical Information		
Do you have any disability or chronic illness	Yes	No
If yes provide the details in the place provided below		
Type of disability		
Type of chronic illness		
Tick appropriate Field		
Equity Type	Advantaged	
	Women	
	Vulnerable	
	Marginalized	
	Previously Disadvantaged	
	People with Disability	
Disability Type <i>(Please specify)</i>		

Declaration

I, the undersigned hereby declare: _____

To the best of my knowledge and belief the information furnished in this application/enrolment contract is true and correct and that if it be found to be false and misleading in any respect, this application/enrolment contract may be invalidated and the applicant's registration terminated;

That a statement signed by the finance department shall represent the amount owing to the AIMS School of Sports by me/us, and further that in the event of such amount being handed over for collection, I/we shall pay all legal charges incurred on the attorney and client scale;

That I/we accept that the AIMS School of Sports keeps documents, including this Declaration and Agreement, electronically and distributes them as such. The AIMS School of Sports shall at all times be entitled to utilize such documentation in electronic format for whatever purpose required;

Accept that I may cancel my registration for current year of study as a whole and be exonerated from liability for the full payment of fee excluding the registration and other administration fees provided that AIMS School of Sports is informed in writing within the 07 days of registration;

Hold myself responsible for the full payment of tuition fees, notwithstanding the fact that my employer/sponsor has undertaken to pay the full tuition fees relating thereto; Agree that AIMS School of Sports reserves the right to withhold the results for final certification, should there be any defaults in payments according to this signed contract.

Signature of the applicant

Date

Declaration by Parent / Legal Guardian (If applicant is under the age of 21 or is a legal minor)

I agree and consent to the above declaration, undertakings, waiver and indemnity by the applicant. I consent to the applicant signing the registration forms if admitted.

I hold myself jointly and severally liable with the applicant as co-debtor for all amounts due by the applicant to the AIMS School of Sports until I notify the AIMS School of Sports in writing to the contrary in which event such notification shall take effect only from the beginning of the following academic year. I irrevocably undertake that I shall not, in any capacity, hold the AIMS School of Sports liable for any damage or loss which the applicant or any person may suffer under any of the circumstances set out in the applicant’s declaration.

Signature by parent/guardian **Date**

FOR OFFICE USE ONLY

CHECK LIST for documents submitted			
Tick			
	All parts of the application have been completed		
	Application Fee enclosed		
The following documents are enclosed:			
	Certified copy of Identity Document /Birth Certificate/ Passport		
	Certified copy of latest school results		
	Certified copy of certificate, diploma or degree		
	Application Fee received	Amount (N\$)	
	Registration Fee received	Amount (N\$)	
Type of School Result			
Over-all Points Obtained			
Year			
Application Approved		Application Rejected	
Student Number			
Signature of the Admissions Officer		Signature of the Head of the School of Sport	
Comments		Comments	