



VOCATIONAL TRAINING CENTRE

Application Form

Academic Year applied for 2020

Instructions for the completion of this form

1. Complete the form in **BLOCK LETTERS in black ink (in full)** and return it to AIMS Business School at No. 1142 Milkwood Road, Arandis or No. 11 Viljoen Street, Windhoek West, Windhoek.
2. A non-refundable application fee of N\$ 20.00 must accompany this application form.
3. Certified copies of Identity card, Grade 10 certificate or statement must be attached of results. Entry requirements: grade 10 with 20 points, English – E
4. Entry requirements for Technical trades: grade 10 with 20 points , mathematics D and English E.

	Application No.	
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01. PERSONAL DETAILS										
PLEASE MARK WITH AN X WHERE APPROPRIATE										
Surname										
First Name (In full)										
Identity No.					Date of Birth					
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Title	Mr.	Miss.	Mrs.	Ms.	Dr.
Nationality										
Parent Status	Both alive	<input type="checkbox"/>	Both dead	<input type="checkbox"/>	Father Dead	<input type="checkbox"/>	Mother dead	<input type="checkbox"/>		
Home Town					Home Language					
Region										

02. CONTACT DETAILS			
Physical Address			
Postal Address			
Home Telephone No.			Fax No.
Cellphone No.			
Email Address.			

03. FAMILY INFORMATION	
Monthly income (Parent/Guardian)	
Number of Dependents	
Number of Orphans	

04. MEDICAL INFORMATION				
PLEASE MARK WITH AN X WHERE APPROPRIATE				
Do you have any disability?	Hearing Impaired	yes	no	
	Visually Impaired	yes	no	
	Wheel chair	yes	no	
Do you have any chronic illness? (If yes please provide details.)				
Equity type	Advantaged	<input type="checkbox"/>		
	Woman	<input type="checkbox"/>		
	Vulnerable	<input type="checkbox"/>		
	Marginalized	<input type="checkbox"/>		
	Previously disadvantaged	<input type="checkbox"/>		
Disability Type (Please Specify)	People with Disability <input type="checkbox"/>			

05. GENERAL INFORMATION	
What is your Future plans?	
Where did you hear about us?	

06. EDUCATIONAL BACKGROUND							
Name of School Attended							
Last Year Attended		Last Grade Attended					
Highest Grade Passed							
Subjects	Subjects	Grade/Symbol/Percentage					
LANGUAGE							
First Language		Fluent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>
Second Language		Fluent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>
Other Language		Fluent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>
Fluency in English	Fluent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	<input type="checkbox"/>

07. ANY OTHER TRAINING ATTENDED		
Name of Institution (s)	Type of Certification Obtained	Year

08. EMPLOYMENT PROFILE	
Present Employer/Organisation	
Current Position	
Years in current Position	
Employer Contact Details	
Employer Physical Address	
Employer Postal Address	
PLEASE MARK WITH AN X WHERE APPROPRIATE	
Socio Status	Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Scholar/Student (Not Working) <input type="checkbox"/> Not Working (Disabled) <input type="checkbox"/>

09. PROPOSED FIELD OF STUDY			
PLEASE MARK WITH AN X	1st Opt	2nd Opt	LEVEL
National Vocational Certificate in Office Administration (Level 1-3)			
National Vocational Certificate in Hospitality (Level 1&2)			
National Vocational Certificate in Hospitality (Front Office Operations Level 3)			
National Vocational Certificate in Hospitality (Core commercial cookery skills Level 3)			
National Vocational Certificate in Hospitality (Food And Beverage Operations Level 3)			
National Vocational Certificate in Automotive Mechanics (Level 1-2)			
National Vocational Certificate in Electrical General (Level 1-3)			

10. FINANCIAL INFORMATION	
Who is paying for your studies (Indicate with an x)	
Sponsorship <input type="checkbox"/>	Parent <input type="checkbox"/>
Own Fund <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Name	
Surname	
Relationship to the applicant	
Physical Address	
Work Physical Address	
Postal Address	
Work Telephone No.	
Home Telephone No.	
Cellphone No.	
Email Address	

Hostel Accommodation Application – (Arandis Campus) Female trainees only

Full Name & Surname: _____

Residential Address: _____

Email Address: _____

Tel No (C): _____

Date of Birth: _____

Home Town: _____ Gender: _____

I declare that the information given above is true to the best of my knowledge. I agree that if any information furnished above found incorrect my admission is liable to be cancelled.

Signature of the Applicant: _____

Date: _____

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 that if it be found to be false and misleading in any respect, this application/enrolment may be invalidated and the applicants registration terminated;

That a statement signed by the finance department shall represent the amount owing to the AIMS Business School 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 Business School keeps documents, including this Declaration and Agreement, electronically and distributes them as such. The AIMS Business School 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 Business School is informed in writing within 7 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 business School reserve the right to withhold the assessment result/assessment booking with NTA for final certification, should there be any default in payments according to this signed contract.

Signature of the applicant

Date

DECLARATION BY PARENT / LEGAL GUARDIAN (if applicant s under the age of 21 or is a legal minor)

I agree and consent to the above declaration, undertaking waiver and indemnity by this 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 Business School until I notify the AIMS Business School 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 Business School 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 of parent/guardian

Date

FOR OFFICE USE ONLY

CHECK LIST for documents submitted			
Indicate with an x			
<input type="checkbox"/>	All parts of the application has been completed		
<input type="checkbox"/>	Application Fee enclosed		
The following documents are enclosed			
<input type="checkbox"/>	Certified copy of Identity Document/Birth Certificate/Passport		
<input type="checkbox"/>	Certified copy of latest school results		
<input type="checkbox"/>	Certified copy of certificate, diploma or degree		
<input type="checkbox"/>	Application fee received	Amount N\$	
<input type="checkbox"/>	Registration fee received	Amount N\$	
Type of School Result			
Overall Points obtained			
Year			
Application Approved		Application Rejected	
Student Number			
Signature of Admission Officer:		Signature of Head of Business School:	
Comments:		Comments:	