

Application Form

Academic Year Applied for 2024

Instructions for the completion of the form

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| 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. Please do not send cash. Payment can be made in cash at the Centre or by bank deposit. |
| 3. Certified copies of Identity card and a short CV, Grade 10/12 certificate or statement must be attached of results. Entry requirements: grade 10 with English – E |
| 4. Please enclose your ORIGINAL deposit slip with this application. Our banking details: Africa Institutional Management Services CC First National Bank, Account Number: 62010781658, FNB Old Power Station Branch, Branch code: 281-174. |
| 5. The form must be submitted to Windhoek campus on or before 30th NOVEMBER 2023 . NO LATE APPLICATIONS WILL BE ACCEPTED. |
| 6. NO INCOMPLETE, FAXED OR EMAILED APPLICATIONS WILL BE ACCEPTED. |

| | | | | Application | | | | |
|---|--|-------------------------|--|--------------------|-----------|------------------------------|--|--|
| 01. Personal Details | | | | | | | | |
| Surname | | | | | Title | Mr./Miss/Mrs./Ms./ Dr. Other | | |
| First Name in full | | | | | | | | |
| Gender | | Male | | Female | | 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"/> |
| | | | | Boxing <input type="checkbox"/> |
| | | | | Athletics <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 Working) | | | |
| | 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 | | | | |
| Physical Address | | | Work Address (Postal) | |
| 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 | |