



VOCATIONAL TRAINING CENTRE
ARANDIS



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 P. O. Box 486, Arandis, Namibia
 Email: info@aims.com.na
 Website: www.aims.com.na

Application Form 2024 IN-TAKE

Instructions for the completion of this form

The AIMS Vocational Training Centre again takes this opportunity to invite all suitable applicants for possible admission.

1. Admission Requirements:

Certified copies of National Identity document and relevant academic certificates / latest school results must accompany this application. **Please take note of the Minimum Requirements as outlined in Paragraph 09 of this Form.**

2. Complete the form in **BLOCK LETTERS** in black ink.

3. A non-refundable application fee of **N\$50.00** must accompany this application. **Please do not send cash.** Payment can be made in cash at the Centre or by bank deposit.

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 Number <i>For official use only</i>		Candidate Number <i>For official use only</i>	
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01.PERSONAL DETAILS										
PLEASE MARK WITH AN X WHERE APPROPRIATE										
Surname										
First Names										
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			
PERSONAL PROTECTIVE CLOTHING			
Kindly ensure that the correct sizes are indicated!			
Shoe Size:	Overall Size:	Shirt Size:	Skirt /Trouser:

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

03. PARENT/GUARDIAN/SPONSOR/NEXT OF KIN DETAILS	
THIS IS COMPULSORY AND SHOULD BE COMPLETED!	
Name & Surname	
Relationship to the applicant	
Physical Address	
Work Physical Address	
Postal Address	
Work Telephone No.	
Home Telephone No.	
Cellphone No.	
Email Address	
Monthly income (Parent/Guardian) (Proof of Pay-slip to be attached)	
Number of Dependents	

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	Woman	<input type="checkbox"/>		
	Vulnerable Marginalized	<input type="checkbox"/>		
	Previously disadvantaged	<input type="checkbox"/>		
	People with Disability	<input type="checkbox"/>		
Disability Type (Please Specify)				

05. EMERGENCY CONTACT (PARENT/LEGAL GUARDIAN/NEXT OF KIN)		
Name in full:		
Address:		
Town:	Telephone:	Cell:
Relationship:		

06. EDUCATIONAL BACKGROUND			
Name of School Attended			
Last Year Attended		Last Grade Attended	
Highest Grade Passed			
Subjects		Grades /Symbol	
LANGUAGE			
ENGLISH	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"/>

07. ANY OTHER TRAINING(S) ATTENDED			
Name of Institution (s)			
Qualification Obtained		Level	Year

08. EMPLOYMENT PROFILE			
PLEASE MARK WITH AN X WHERE APPROPRIATE			
Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
<i>Applicable to employed and previously employed applicants only</i>			
Present Employer/Organization			
Current Position			
Years in current Position			
Employer Contact Details			
Employer Physical Address			
Employer Postal Address			

09. MINIMUM REQUIREMENTS	
Trades	Minimum requirements (Old curriculum Grade 12 & 10 and Revised Curriculum Grade 11)
Hospitality and Tourism (Level 4)	Hospitality and Tourism Level 3 Certificate – Commercial Cookery/Statement of results
Automotive Mechatronics (Level 2)	Grade 10, 20 Points, E Symbol in English, D Symbol in Mathematics Grade 11, 18 Points, E Symbol in English, E Symbol in Mathematics, E Symbol in Physical Science Grade 11 with Pre-vocational related qualification Grade 12: Old Curriculum: - 18 Points in six (6) Subjects, E Symbol Mathematics and E Symbol in Physical Science
Mature Entry	Age 23, 3 Years Work Experience in related field of application, Sworn Affidavit from Employer

10. PROPOSED FIELD OF STUDY						
PLEASE MARK WITH AN X	LEVELS					Approval <i>For Official use only</i>
	Choice	1	2	3	4	
	1 st	2 nd				YES/ NO
Hospitality & Tourism (Advanced Commercial Cookery skills) Level 4						
Automotive Mechatronics						

11. FINANCIAL INFORMATION			
Who is paying for your studies (Indicate with an x)			
Private Student (Parents)	<input type="checkbox"/>	Others	<input type="checkbox"/>
<i>If OTHERS please fill in the information below (Please attach the proof)</i>			
Sponsor/Funder Name			
Physical Address			
Postal Address			
Work Telephone No.			
Cellphone No.			
Email Address			

HOSTEL ACCOMMODATION APPLICATION (ARANDIS CAMPUS): APPLICABLE TO FEMALE TRAINEES ONLY

Do you wish to acquire accommodation in the hostel? **YES/ NO**

If **YES**, please complete the hostel Application form obtainable from the Centre.

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 applicant's registration terminated;

That a statement signed by the finance department shall represent the amount owing to the AIMS Vocational Training Centre 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 Vocational Training Centre keeps documents, including this Declaration and Agreement, electronically and distributes them as such. The AIMS Vocational Training Centre 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 Vocational Training Centre 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 Vocational Training Centre 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 is 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 Vocational Training Centre until I notify the AIMS Vocational Training Centre 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 Vocational Training Centre 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					
All parts of the application have been completed					
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 paid		Amount N\$		Proof Attached	
				YES NO	
Type of School Result					
Overall Points obtained					
Year					
Application Approved				Application Rejected	
Student Number					
Signature of Admission Officer:			Signature of Head of Centre:		
Comments:			Comments:		