



MINISTRY OF HEALTH AND SOCIAL SERVICES

TRAINING NETWORK

Registered Nurses Diploma Training Project

APPLICATION FORM FOR FULL TIME STUDIES

This application is not binding on either the applicant or the National Health Training Network. All information will be treated as confidential.

Only shortlisted candidates will be contacted.

ACADEMIC YEAR APPLIED FOR:

2	0	1	7
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The closing date for applications:

16 September 2016

PASSPORT PHOTO OF APPLICANT (Compulsory)

Please attach a recent passport photograph of yourself

Instructions: Complete in capital letters and indicate with an X in the appropriate block. Incomplete applications will not be accepted. All certified documents will be filed, no copies will be returned to applicants. No faxed applications will be considered.

NAME OF COURSE:

DIPLOMA IN GENERAL NURSING AND MIDWIFERY SCIENCE

SECTION 1: PERSONAL DETAILS

Title:	Mr.		Ms		Other (specify)	
Surname:						
Maiden Name:						
First Name(s):						
Date of Birth					ID No.:	
Gender	M		F		Marital Status	Single
						Married
						Citizenship
Place of birth			Region		Do you agree to be placed at any Health facility as required by MoHSS	
					Yes	No
					Preference place of work after completion of training	
Region:	At MoHSS:		District : Place:			
Have you ever been convicted of a criminal offence?						
Is a criminal or any other case against you pending?						
If so, furnish particulars on a separate sheet						

SECTION 2: CONTACT DETAILS

Postal Address		Residential Address:
Telephone number		
Cell number		
Fax number		
E-mail		

SECTION 3: EMPLOYMENT PARTICULARS

Name of Current or Previous Employer	
Your Current or Previous Occupation	
Employer's Postal Address	
Employer's Telephone No.	
Work Experience	

Withholding any essential information as required in this application form may result in deregistration from the Training Program

SECTION 4: PARTICULARS OF APPLICANTS NEXT OF KIN / LEGAL GUARDIAN
(To be contacted in case of emergency and any academic related matters)

Family relationship with the person whose particulars are supplied									
Father		Mother		Spouse		Guardian			
Surname:									
First Name(s):									
ID. No.:									
Home Address:									
Telephone No.	Home:			Work:			Cell:		

SECTION 5: SCHOOL LEAVING DETAILS

Secondary School attended:	
Address of School:	
Highest grade passed:	
Date of examination:	
Examination number:	
Examination body:	

No.	Subjects	Symbol obtained	Level
1.			
2.			
3.			
4.			
5.			
6.			

NB! A certified copy of your school certificate should accompany this application

SECTION 6: PRIOR LEARNING OR/ POST SCHOOL TRAININGS

Training Obtained	Year training obtained	Training Institution

I declare that the above information is true and correct, and that I have not withheld any information regarding my personal and professional profile

Signature

Date

FOR OFFICIAL USE ONLY

Accepted		Rejected		
Conditions Applicable				
Symbols obtained				
Overall Points	English	Biology	Mathematic	Physical Science

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CONTACT DETAILS OF REGIONAL DIRECTORATES			
NO.	NAME	TEL.NO	FAX. NO
1.	Ms. Agnes K. Mwilima Regional Director: Zambezi Private Bag 1081, Katima Mulilo	066-251467	066 / 253283 / 253565 / 252605
2.	Mr. J. Nghipundjwa Regional Director: Erongo Private Bag 5004, Swakopmund	064-4106005 / 4106078	064-4106002 / 4106080
3.	Mr. P. Katjuanjo Regional Director: Hardap P.O. Box 238, Mariental	063-245528/9	063-242727
4.	Mr. B. Muntenda Regional Director: Karas Private Bag 2101, Keetmanshoop	063-2209187/8	063-222590 /2209106
5.	Mr. T. Ngwira Regional Director: Kavango West Private Bag 2094, Rundu	066-265507	066-255037 / 088642087
6.	Mr. T. Ngwira Regional Director: Kavango West Private Bag 2094, Rundu	066-265507	066-255037 / 088642087
7.	Ms. E.K. Muremi Regional Director: Khomas Private Bag 13322, Windhoek	061-2035001/6	061-235997
8.	Mr.T.Shapumba Regional Director: Kunene Private Bag 3003, Opuwo	065-272801/273084	065-273022 / 273020 065-273082
9.	Mr. J. Hango Regional Director: Ohangwena Private Bag 2006, Ondangwa	065-263260	065-263225/263063
10.	Mrs. Thataone Regional Director: Omaheke Private Bag 2099, Gobabis	062-577000/1	062-563489
11.	Mr. R. T. Nandjila Act. Regional Director: Omusati Private Bag 504, Outapi	065-251801/2 251238/251800	065-251071 / 251327
12.	Mr. S. Taapopi Regional Director: Oshana Private Bag 5538, Oshakati	065-221379/ 2233119	065-220303/221389
13.	Mr. P.C. Angala Regional Director: Oshikoto Private Bag 2007, Tsumeb	067-224051/0	067-220793
14.	Ms. M. Kavezembi Regional Director: Otjozondjupa Private Bag 2612, Otjiwarongo	067-300811/ 300800/302950	067-302078

All applications should be submitted to the relevant Directors Offices
 Enquiries: National Health Training Centre
 Tel No: 061 203 2573
 Fax: 061 232 830

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REPUBLIC OF NAMIBIA

REGISTERED NURSES DIPLOMA TRAINING PROJECT

**HEALTH
QUESTIONNAIRE**

THIS FORM MUST BE COMPLETED
BY ALL APPLICANTS FOR THE
REGISTERED NURSES DIPLOMA
TRAINING PROJECT

FOR DEPARTMENTAL USE	
Accepted/Rejected in accordance with directions	
Date:	
Department:	Rank:

A.

1. Surname (in block letters)		Identity No.:	
2. First Names:			
3. Age:	yrs.	4. Height:	cm
		Body mass:	kg

B.

Are you suffering or have you ever suffered from:	Mark with an "X" in the appropriate column		If any answer is "Yes", give details of the nature, severity, date and duration of the illness
1. Any skin disease?	YES	NO	
2. Any infection of the skeleton and/or joints?	YES	NO	
3. Any infection of the eyes, nose, ears or teeth?	YES	NO	
4. Any infection of the heart or circulatory system?	YES	NO	
5. Any infection of the chest or respiratory system?	YES	NO	
6. Any infection of the digestive system?	YES	NO	
7. Any infection of the urinary system and/or genital organ?	YES	NO	
8. Have you ever suffered from anxiety and depressive conditions on the last two years?	YES	NO	
9. Were you ever treated at a Mental Hospital?	YES	NO	
10. Do you take any medications for mental health condition?	YES	NO	
11. Any congenital disease	YES	NO	
12. Any other illness	YES	NO	

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C.

	Yes	No
1. Do you suffer from any defect of hearing, speech or sight?		
2. Are you physically disabled and do you use artificial limbs		
GIVE DETAILS OF THE NATURE AND SEVERITY OF THE DISABILITY:		

D.

	Yes	No
Have you undergone any operation?		
GIVE DETAILS OF THE NATURE AND DATE OF THE OPERATION(S)		

E.

I declare that the above information is true and correct, and that I have not withheld any information regarding my health and that I am fit to be trained as a Nurse.

Signature

Date