



MINISTRY OF HEALTH AND SOCIAL SERVICES

Private Bag 13198, Windhoek, Namibia, Tel: +264 61 203 2514 / 2515 / 2554/ 2504 / 2748 / 2531/ 2506/2749 /2565 Fax No. +264 61 272286

APPLICATION FOR ORIENTATION PROGRAM

This application is not binding on either the applicant or the Ministry of Health and Social Services. All information will be treated as confidential.

Physical Address: MoHSS Ministerial Building,
2nd Floor, Division Human Resource Development,
Harvey street, Windhoek

ACADEMIC YEAR APPLIED FOR:

2	0	2	0
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Closing date for application
25 March 2020

PASSPORT PHOTO OF APPLICANT (Compulsory)

Please attach a recent passport photograph of your self

Instructions: Use block letters to complete this form where space is provided or place an 'X' in the correct square. 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.**

PART 1: PERSONAL DETAILS												
Title:	Mr.		Ms		Other (specify)							
Surname:												
Maiden name												
First names in full												
Postal address: (Note: Postal address of Public Institution, eg. Ministries are unacceptable for application purposes, since correspondence may be mailed to you to this address and might get lost.)						Residential address:						
Telephone number												
Mobile number												
Fax number												
E-mail												
Date of birth						I.D No.:						
Gender	M	F		Marital Status		Single	Married	Citizenship				
Home town						Region						

PART 2: DISABILITY

Indicate whether you have a disability	Yes	No
If 'Yes' please specify		
Based on your disability, do you have special needs?	Yes	No
If 'Yes' please specify		

PART 3: APPLICANT'S NEXT OF KIN / LEGAL GUARDIAN PARTICULARS

(To be contacted in case of emergency)

Family relationship with the person whose particulars are supplied									
Father		Mother		Spouse		Guardian			
Title:	Mr.		Ms		Other (specify)				
Surname:									
First names in full:									
I.D. No.:									
Home address:									
Telephone No.	Home:		Work:		Mobile:				

PART 4: EDUCATIONAL PARTICULARS

SECONDARY EDUCATION DETAILS

Name of last school attended:	
Highest grade passed:	
Year of examination:	
Examination body:	
Examination number:	

TERTIARY EDUCATION

Name of institution	Year		Qualification obtained or enrolled for
	From	To	

HPCNA pre – internship evaluation outcome results attached

Yes	NO
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Indicate whether you have attended the Remedial Program / Preparatory training before.

Yes	NO
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PART 6: DECLARATION BY APPLICANT

I, the undersigned hereby declare:

To the best of my knowledge and belief the information furnished in this application is true and correct and that if it be found to be false and misleading in any respect, this application may be invalidated and the applicant's placement withdrawn.

Signature of 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-mentioned declaration by the applicant. I consent to the applicant signing the placement forms if accepted.

Signature of Parent/Legal Guardian _____

Date _____

FOR OFFICIAL USE ONLY					
Accepted	<input type="checkbox"/>	Returned	<input type="checkbox"/>	Rejected	<input type="checkbox"/>
Conditions applicable (if any):					
_____			____/____/2020		
Executive Director			Date		

Support documents checklist.

Tick X

<input type="checkbox"/>	Certified copy of Namibian Identification Document
<input type="checkbox"/>	Certified copy of Tertiary Education Certificate (Degree/Diploma) translated in English
<input type="checkbox"/>	Certified copy of Registration certificate as a Medical student in practical training (HPCNA)