

SYMANEK TRAINING ACADEMY

P.O BOX 4270, WINDHOEK, 9000 INDUSTRIE STREET, INDUSTRY AREA, OKAHANDJA

APPLICATION FORM - 2025

PASSPORT PHOTO

PROGRAM APPLIED FOR:

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Second c	e h o	ice _.					_											 			_	
(Please, type or	print	clearl <u>:</u>	y, IN	BLO	CK I	LETT	ER	RS)														
First Names																						
Last Name											Reg	gion_										
Postal address:														<i>Po</i>	stal	code	:	 		_Cou	ntry	
							_ (City_														
Residential add	ress:											\$	Street	·								
Cellphone:					<i>I</i>	ax: _		E-mail:														
Student numbe																						
SECTION 1: PE														•								
Date of Birth:	D	D N	/I M	Υ	Υ	Υ	Υ				I.	D. No	.:									
Passport No.:												Mar	ital St	atus:		Si	ngle			Mar	ried	
Gender:	М	F	=										den Na									
Mother Tongue:			ı										ne To									
Citizenship:		Namib	ian		С	ther (spe	ecify)											T			
·	If n	ot a Na	mibia	n citiz			_		r a st	udy p	oerm	nit fron	n your	count	try of	origii	٦.		1			
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Do you have an impairment or disability? Yes No (for planning purposes or lf 'yes' please specify and attach documents specifying your condition.						y)																
Based on your disability, do you have special needs?												Yes		T	1	No						
If 'yes' briefly stat								e abo	ve m	entic	ned	impai	rment	or dis	abili			<u> </u>		•		
						_						<u>'</u>										

SECTION 2: 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		Мо	ther				Sp	ouse	/part	tner				G	Guar	dian							
Title:			Mr		Ms					Other (sp				er (spe	pecify)								
Surname:																							
First Names in full:																				Initials			
I.D. No.:																							
Home Address (nex	xt of ki	n/guard	ian):				•	•			•			•									
Tel No.: Work																							
Tel. No.: Home															Се	II No.:							
Employer (next of k	kin/gua	ırdian):																					
Occupation:																							
Employer's Address	s:																						
SECTION 3: EMP	PLOY	MENT	PAR	TIC	JLAF	RS (only	y if a	appl	ica	nt is	in f	ull-	-tin	ne e	emplo	yme	ent)					
Name of Employer:	-																						
Your Occupation:																							
Years of Experienc	е																						
Employer's Postal	Addres	ss:																					
Employer's Telepho	one No	o.:																					
SECTION 4: SCI	HOOL	LEAV	ING	PAF	RTIC	ULA	ARS																
Last secondary sch	nool at	tended:																					
Address of school:																							
Highest grade pass	sed:																						
Current grade (if ap	oplicab	ole):																					
Date of examinatio	n:																						
Examination numb	er:																						
Examination body:																							
Subject (Best 6 Su	bjects,	, includii	ng Eı	nglish	1)															Level ## (See table below)		Symbo	ol
																					\perp		

LEVEL									
ON = NSSC	IG = IGCSE	AL = A LEVEL	HG = HIGHER GRADE						
NH = NSSC	HI = HIGCSE	OL = O-LEVEL	SG = STANDARD GRADE						
	09 = GRADE 9	10 = GRADE10	LG = LOWER GRADE						

SECTION 5: POST-SCHOOL ACADEMIC QUALIFICATIONS

Note: A full Academic Record ISSUEd by the INStitution SHOULd accompany THIS application.

Student No.	From Year	To Year	Name of Universi	TY/College/Acade	my				
Name of Programme:				Awarded:	Υ		N		
Have you ever been refused admission to any Tertiary Institution?									
Are you currently enrolled at another institution of high learning?									
If 'yes' please indicate where.									

BANKING DETAILS:

SYMANEK TRAINING ACADEMY FIRST NATIONAL BANK - OKAHANDJA Account number: 64279814676

Branch code: 280373

OFFICIAL DATE STAMP

DECLARATION

I hereby declare that all the particulars given in this application form are true and correct. I further declare that my enrolment as a student at Symanek Training Academy shall be subject to the terms and conditions contained in the agreement, which I shall complete, sign and submit at registration.

SIGNATURE OF APPLICANT	Date	
SIGNATURE OF GUARDIAN (If applicant is under 21 years of age)	Date	

FOR OFFICIAL USEONLY:								
APPLICATION FEE RECEIVED:	RECEIPT NUMBER:							
LATE FEE RECEIVED:	RECEIPT NUMBER							
Pleas	se circle which is applicable: Accepted / Rejected							

PLEASE SEND A COMPLETED APPLICATION FORM TOGETHER WITH SUPPORTING DOCUMENTS TO:

SYMANEK TRAINING ACADEMY P O BOX 4270, MAIN BRANCH WINDHOEK, NAMIBIA

Or Email to: Symanekinv@gmail.com

IMPORTANT INFORMATION:

Documents to be submitted with Application Form (Tick ✓): □ ID Document - certified copy or □ Passport - certified copy or □ Birth Certificate - certified copy □ Passport photo □ School Leaving Certificate - certified copy □ Application Fee proof of payment (No Application will be processed without proof of payment) □ Official Translation (Non-English Documents) □ NQA Evaluation Report (International Qualifications) □ School Results/ Rapport (Namibian Schools – Current Grade 10/12, if new curriculum, grade

Mode of Study: **Distance / Full time** (Please circle which is applicable). Refer to the prospectus for the mode of study allowed per program.

Application Dates and Fees (Non-refundable):

9/11)

The following must be paid at the nearest Campus or into STA Bank Account. (Please attach proof of payment to the application form):

•	Namibian Applicants	$(N\$\ 200.00)$
•	International Applicants	(N\$ 300.00)
•	Late Namibian Applicants	(N\$ 300.00)
•	Late International Applicants	(N\$ 400.00)