



APPLICATION FORM – SHE COMBO

16 – 20 December

SECTION A: PERSONAL DETAILS

Title: (e.g. Mr.,Ms.,etc.) Date of Birth:

First Name(s):

Initials: Surname:

Namibian Identity Number: Gender: Female Male

Home Language:

Mobile number:

Email Address:

SECTION B: Please select the course/s you want to attend:

SHE COMBO (All 3 course @ N\$ 2000)	<input type="checkbox"/>
First Aid – Class A (N\$750)	<input type="checkbox"/>
SHE Representative (N\$750)	<input type="checkbox"/>
Basic Fire Fighting (N\$500)	<input type="checkbox"/>

SECTION E: PAYMENT DETAILS

How do you intend to pay for your studies?

Employer ☐ Private ☐ Other ☐ If other, please specify _____

TERMS AND CONDITIONS:

1. WN Occupational Health & Safety Academy (referred to as WN OHSAC hereinafter) reserve the right to refuse any application not meeting the criteria for registration as a student at WN OHSAC.
2. The Applicant accepts the terms and conditions and any rules and regulations attached to any of the courses enrolled for, by signature hereof.
3. Please take note that 50% of the course fee must be paid in order to secure your place.
4. It is the responsibility of the applicant to ensure that any outstanding fees are paid to WN OHSAC, whether you are self-sponsored or sponsored by a parent/employer/scholarship.

Banking Details: Bank Windhoek
Account name: W.N Occupational Health & Safety Academy
Account number: 8038510104
Branch code: 481-471
Reference: Surname, Name

F: APPLICANT'S DELARATION

I Ms./Mrs./Mr. (name & surname) _____ ID no _____

Do hereby declare that the provided information on this application is true and accurate in every sense. I understand that providing false information is against the law and if it is discovered at any stage that the information I provided is inaccurate or false, this could render my application for enrollment invalid and offer withdrawn.

Signed on _____ (date) at _____ (place).

Applicant Signature: _____

OFFICE USE ONLY:

Accepted/Not Approved