



APPLICATION FORM

Academic year: March/April 2024

SECTION A: COURSE OF STUDY FOR WHICH YOU ARE APPLYING:

(Select box next to course you want to apply for)

(OHS CERT) Occupational Health and Safety (Level 4) – National Vocational Certificate

Full Time: (6 months face to face; 6 months job attachment/internship)

Part Time: (9 months face to face; 6 months job attachment/internship)

(OSHDIP) Occupational Health and Safety (Level 5) – National Vocational Certificate

Full Time

Semester 1: 6 months face to face; 6 months job attachment/internship

Semester 2: 6 months face to face; 6 months job attachment/internship

Part Time

Semester 1: 9 months face to face; 6 months job attachment/internship

Semester 2: 9 months face to face; 6 months job attachment/internship

Short courses:

JumpStart to Safety (5 days)

HSE Representative Course (3 days)

Hazard Identification & Risk Assessment – HIRA (3 days)

Working at Heights (3 days)

Incident Investigation (3 days)

SECTION B: PERSONAL DETAILS

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

First Name(s):

Initials: Surname

Namibian Identity Number: Gender: Female Male

Home Language:

Town of Origin:

Mobile number:

Email Address:

SECTION C: ACADEMIC HISTORY

Last School Attended:

Highest Grade Passed:

Points achieved (6 subjects): Year:

Section D: Physical Challenges / Chronic Illnesses

Do you have any known disability?

YES NO

If YES, please give more information. (Your information will be kept confidential)

Do you have any chronic illness? YES NO

If yes, please specify: _____

SECTION F: 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. Enrollment may be cancelled within 7 days, in which case the fee will be levied. The enrollment /

registration fee of N\$ 1250 -00 is due on the day of registration, and before any training can commence. In a period of more than thirty (30) days after registration, cancellation will be accepted but the course fees will be due and payable. Only cancellation done in writing will be accepted.

4. It is the responsibility of the applicant to ensure that any outstanding fees are paid to WN OSHAC, whether you are self-sponsored or sponsored by a parent/employer/scholarship.
5. Banking Details: Contact us on info@ohsac.edu.na

SECTION G: 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 this _____ (date) at _____ (place).

Applicant Signature: _____

OFFICE USE ONLY:

Accepted/Not Approved

Student number: _____

The following documents must be handed in with the completed application form:

CLEARLY CERTIFIED COPIES:

- Applicant's Identity Document
- Applicant's Full Birth Certificate
- School leaving results
- Parent's Identity documents / Death certificate (Under 18)
- Mature Age entry: Confirmation of employment

Applications that are handed in without the above documents, will not be considered.

