



# COSDEC APPLICATION FORM 2017



### CONDITIONS

1. Fill in the areas on the application form using **BLOCK LETTERS**, with black ink.
2. By completing this application form does not mean the applicant will automatically be enrolled.
3. A Non-Refundable application fee of N\$ 50.00 in cash must accompany the application form.
4. Attach all relevant certified supporting documents: Highest Qualification obtained, Grade 10 /12 or Latest School Leaving Report, ID or Birth Certificate, Testimonial, etc.
5. Short Courses are not listed on this application form. Contact the COSDEC Offices for more information.
6. The closing date for submitting the application form is on or before 02 December 2016 at 13:00. No late applications will be accepted.

*Attach a recent  
passport photo  
here*

### Course Applying for (Please Mark the box with an **(A)** as first choice and **(B)** as Second Choice)

General Construction (Bricklaying & Plastering)	<input type="checkbox"/>	Manufacturing (Joinery & Cabinet Making)	<input type="checkbox"/>	Business Services (Office Administration)	<input type="checkbox"/>	ICT (Computing Fundamentals)	<input type="checkbox"/>
Metal Fabrication	<input type="checkbox"/>	General Construction (Plumbing & Pipefitting)	<input type="checkbox"/>	Commercial Cookery & Catering	<input type="checkbox"/>	Beauty Services (Hairdressing) (Otjiwarongo)	<input type="checkbox"/>
Air Conditioning & Refrigeration (Gobabis)	<input type="checkbox"/>	Automotive Engineering (Gobabis)	<input type="checkbox"/>	Clothing Production	<input type="checkbox"/>		<input type="checkbox"/>

### APPLICANT DETAILS

Surname:	Highest grade passed:
First name (s):	Region:
ID Number:	Constituency:
Residential Address:	Gender:                      Male <input type="checkbox"/> Female <input type="checkbox"/>
Postal Address:	Town:                      Contact/Cell Number:
Nationality:	Email Address:

#### **Mark the Box with an (X)**

**Disability Status:** Are you disabled?    Yes                       No

If yes, please describe the type of disability:.....

### NEXT OF KIN

Name:	Relationship:
Residential Address:	Cell/Tel No:

### LANGUAGE PROFICIENCY

<b>Your home language</b>			
<b>Other Languages</b>	<b>Speak</b>	<b>Read</b>	<b>Write</b>

### WORK EXPERIENCE

What kind of work have you done earlier?	Employer (If possible)	Period

## EDUCATION AND TRAINING

Highest Grade Completed (**Indicate the last grade of school attendance**)

If you dropped out before grade 10, what was the reason? Mark the Box with an (X)

- |                                    |                          |
|------------------------------------|--------------------------|
| Couldn't afford                    | <input type="checkbox"/> |
| Difficulty with the Language       | <input type="checkbox"/> |
| Failed the Exams                   | <input type="checkbox"/> |
| More motivation for practical work | <input type="checkbox"/> |
| Something else                     | <input type="checkbox"/> |

Have you participated in other training? Yes  No

If yes, specify:

What kind of training:	
Training Provider:	
Competencies/ Qualification obtained:	
Time and Duration:	

## YOUR FUTURE PLANS

What do you want to do after completing the course? (Mark the Box with an X)

- |                                      |                          |
|--------------------------------------|--------------------------|
| Find a Job                           | <input type="checkbox"/> |
| Start my own business                | <input type="checkbox"/> |
| Proceed to VTC or Tertiary Education | <input type="checkbox"/> |
| Something else (Specify): _____      |                          |

If your priority is VTC, why did you not apply now or earlier?

- |                                 |                          |
|---------------------------------|--------------------------|
| Cannot afford                   | <input type="checkbox"/> |
| I don't have Grade 10           | <input type="checkbox"/> |
| Something else (specify): _____ |                          |

I, \_\_\_\_\_ hereby acknowledged that I have read the above conditions and accept it. I also agree that if it is discovered that I provided wrong and/or false information on this application form, my application will not be considered. Further I understand that if it is at any time discovered that information on this form is incorrect, it will lead to my immediate expulsion from the Centre. I undertake to abide by the rules as laid down by the Centre and understand that disciplinary action may be laid down from time to time.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Received by:  
Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Provisional Admitted:** Yes  No  **Waiting List** Yes  No