



# COSDEF

Community Skills Development Foundation

## COSDEC APPLICATION FORM FOR TVET PROGRAMS JANUARY 2022

### CONDITIONS

1. Complete the form in **BLOCK LETTERS**, with black ink.
2. A Non-refundable application fee of **N\$ 60.00** is payable upon submission of this application form.
3. This application must be accompanied by certified copies of birth certificate/identity card, relevant academic certificates/latest school results and proof of payment.
4. Short courses are not listed on this application form. Contact the COSDEC Offices for more information.
5. The closing date for submitting this application form is on or before 03 December 2021 at 12:00
6. **No late applications will be accepted.**
7. **Completing this application does not mean automatic enrollment.**

*Attach a recent  
passport photo  
here*

**Choice of Study:** Please mark with an **(A)** as first choice and **(B)** as second choice. In the second box indicate Level 1, 2 or 3

Civil and Building Services Engineering (Bricklaying & Plastering)		Civil and Building Services Engineering (Plumbing)		Hospitality and Tourism (Accommodation Services and Food & Beverage Services)	
Metal Fabrication (Welding)		Clothing Production		Hospitality and Tourism (Core Commercial Cookery Skills)	
Manufacturing Joinery & Cabinet-making)		Business Services (Office Administration)		Cosmetology Foundation (Otjiwarongo only)	

### APPLICATION DETAILS

Surname:		First Name:	
ID Number/Date of Birth:		Region:	
Residential Address:		Constituency:	
		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Postal Address:	Town:	Contact/Cell Number:	
Nationality:		Email Address:	
Marital Status:			

### Social Status (Mark with an X):

Previously Advantaged?  Previously Disadvantaged?  Disabled (Including chronic illness)?

If disabled please describe the type of disability: .....

**NEXT OF KIN**

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

**PARENT STATUS**

Both Alive       Both Deceased       Unknown   
Father Deceased       Mother Deceased

**LANGUAGE PROFICIENCY**

Your Home Language			
Other Languages	Speak	Read	Write

**EDUCATION AND TRAINING**

Highest grade completed ( <b>Indicate the last grade of school attendance and attach copy of highest grade obtained</b> )	
If you dropped out before grade 10, what was the reason?	
Are you a new or repeat COSDEF trainee:	

Have you participated in other training?      Yes       No

**If yes, specify:**

What kind of training:		Competencies/Qualifications obtained:	
Training provider:		Time and duration:	

**EMPLOYMENT STATUS**

Type of Employment:	Name of Employer (if possible):	Period:

**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): _____		

**PERSON RESPONSIBLE FOR PAYMENTS**

Surname:		First Name:	
ID Number/Date of Birth:		Contact/Cell Number:	
Residential Address:		Email Address:	
Postal Address:	Town:		

**NS\$60.00 NON-REFUNDABLE APPLICATION FEE CAN BE PAID INTO THE BANK ACCOUNT OF THE RESPECTIVE CENTRES OR IN CASH AT THE CENTRE.**

I \_\_\_\_\_ hereby acknowledge that I have read the above conditions and accept it. I also agree that if it is discovered that I provided wrong/false information on this application form, my application will not be considered. Further I understand that if it is 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 by the Centre and understand disciplinary action may be taken if I don't comply with the Centre rules and policies. I agree that I'm solely responsible for the course fees and class attendance.

**This form is legally binding the trainee to adhere to the policies and regulations of COSDEF and to pay all course fees in full once registration has taken place.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

Provisional Admitted:    Yes        No        Waiting list: Yes        No