



COSDEC

Community Skills Development Centre

Omaheke

COSDEC APPLICATION FORM FOR TVET PROGRAMS

JANUARY 2023

Instructions to Applicant

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 **10 January 2023**.
6. Late applications will be accepted until **10 February 2023**, a fee of **N\$150** will apply.
7. **Completing this application form does not mean automatic enrollment.**

*Attach a recent
passport photo
here*

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: Single <input type="checkbox"/> Married <input type="checkbox"/> | | | |

HEALTH PARTICULARS

| | | |
|--|-----|----|
| Do you have any Disability | Yes | No |
| If yes, please describe the nature of your disability: | | |
| | | |
| Based on your disability, do you have any special need / s? (Please specify) | | |
| | | |
| Do you suffer from any chronic disease/s? | Yes | No |
| Please specify: | | |
| | | |

NEXT OF KIN

| | |
|----------------------|-----------------|
| Name: | Relationship: |
| Residential Address: | Cell/Tel No: |
| Email Address: | Town / Village: |

PARENT STATUS

Both Alive Both Deceased Unknown

Father Deceased Mother Deceased

CHOICE OF STUDY: Choose in order of preference and mark with an X your 1st and 2nd choice qualification you are applying for.

| Qualification | 1 st Choice Level 1 Only | 2 nd Choice Level 1 Only | Level 2 | Level 3 |
|--|--|--|---------|---------|
| Civil and Building Services Engineering (Bricklaying & Plastering) | | | | |
| Metal Fabrication (Welding) | | | | |
| Manufacturing Joinery & Cabinet-making) | | | | |
| Civil and Building Services Engineering (Plumbing) | | | | |
| Clothing Production | | | | |
| Business Services (Office Administration) | | | | |
| Hospitality and Tourism (Accommodation Services and Food & Beverage Services) | | | | |
| Hospitality and Tourism (Core Commercial Cookery Skills) | | | | |

LANGUAGE PROFICIENCY

| Your Home Language | | | |
|--------------------|---------------------------|--------------------------|---------------------------|
| Other Languages | Speak (Good/average/poor) | Read (Good/average/poor) | Write (Good/average/poor) |
| English | | | |
| | | | |

EDUCATION AND TRAINING

Highest school grade completed:

Name of School:

Year of completion:

Post-School Training:

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

EMPLOYMENT STATUS

| | |
|----------------|-------------------|
| Employer: | Employer Address: |
| Phone: | Email Address: |
| Position Held: | Duration: |

FUTURE PLANSWhat 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"/> | Continue with further studies | <input type="checkbox"/> |
|------------|--------------------------|-----------------------|--------------------------|-------------------------------|--------------------------|

PERSON RESPONSIBLE FOR PAYMENTS

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

N\$60.00 NON-REFUNDABLE APPLICATION FEE CAN BE PAID INTO BELOW BANK ACCOUNT OR IN CASH AT THE CENTRE:

Bank Name: Bank Windhoek
Account Name: COSDEC Omaheke
Account Number: 8002635130
Branch Code: 081 772
Branch Name: Gobabis
Reference: Full Names of Applicant (Student Name)

I _____ hereby acknowledge that I have read the above conditions and accept it. I hereby confirm that all the information provided is correct to my knowledge, and that all the attached supporting documents are authentic. Any false information will lead to my application being disqualified. 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.

Signature of Applicant _____

Date _____

FOR OFFICE USE ONLY

Received by: _____

Signature: _____

Date: _____

Payment: Cash

Bank Deposit

Receipt Number:

Provisional Admitted: Yes

No

Waiting list: Yes

No