



PRIDE TRAINING CENTER (PTC)
THE TRAINING CENTER FOR HEALTH SCIENCE AND TECHNOLOGY
RUNDU CAMPUS
CELL: +264 85 37 61145
Email: pridetrainingcenter2@gmail.com

APPLICATION FORM

A NON-REFUNDABLE APPLICATION FEE OF
**N\$160 FOR DIPLOMA & DEGREE PROGRAMS/N\$150 FOR CERTIFICATE PROGRAMS AND
 BRIGDING COURSE**

MUST BE PAID IN THE FOLLOWING ACCOUNT:

**FIRST NATIONAL BANK (FNB) ACCOUNT NUMBER 64290395829, BRANCH 281273. RUNDU. NB: USE YOUR ID NUMBER AS
 REFERENCE NUMBER AND ATTACHED PROOF OF PAYMENT**
**SEND THE APPLICATION ON THE EMAIL AND NUMBER ABOVE, WHATSAPP +264 85 376 1145 24 HOUR RESPONSE SERVICE OR
 HAND DELIVERY TO OUR OFFICE**

PROGRAM OF CHOICE	X
B SC. DEGREE IN NURSING AND MIDWIFERY SCIENCE (HONORS) 4 YEARS	
CERTIFICATE IN ENROLLED NURSING AND MIDWIFERY SCIENCE 2 YEARS	
CERTIFICATE IN PHARMACY (PHARMACIST ASSISTANT) 2YEARS	
CERTIFICATE IN RADIOLOGY (RADIOGRAPHER) 2 YEARS	
CERTIFICATE IN DENTAL ASSISTANT 2 YEARS	
6 MONTHS BRIGDING COURSE (MUST HAVE 16 POINTS AND ABOVE)	

NB: ALL COURSE ARE FULL TIME

MODE OF PAYMENT	
EFT	
BANK DEPOSIT	
ATM DEPOSIT	

INTAKE GROUP	
A (MARCH)	
B (SEPTEMBER)	
YEAR:	

SECTION 2: PERSONAL PARTICULARS									
TITLE:	MS	MRS	MR	DR	PROF	OTHER (SPECIFY)			
SURNAME									
FIRST NAME(S) IN FULL									
DATE OF BIRTH					CITIZENSHIP				
ID NUMBER									
GENDER (X)	M	F	MARITAL STATUS:		SINGLE	MARRIED	DIVORCED	OTHER	
COUNTRY OF BIRTH					REGION/PROVINCE:			CITY/TOWN:	

SECTION 3: CONTACT PARTICULARS (COMPULSORY)									
CELLPHONE NUMBER									
TELEPHONE (H/W)									
EMAIL ADDRESS									
FAX									
POSTAL ADDRESS					RESIDENTIAL ADDRESS				

SECTION 4: EMPLOYMENT PARTICULARS(ONLY APPLICABLE TO APPLICANTS WHO ARE EMPLOYED FULL TIME)

NAME OF CURRENT EMPLOYER										
YOUR CURRENT OCCUPATION										
EMPLOYERS POSTAL ADDRESS										
EMPLOYERS TELEPHONE NUMBER										
DURATION OF EMPLOYMENT										

SECTION 5: PARTICULARS OF NEXT OF KIN/GUARDIAN

(TO BE CONTACTED IN CASE OF EMERGENCY)

MOTHER FATHER LEGAL GUARDIAN SPOUSE

SURNAME										
FIRST NAME(S)										
HOME ADDRESS										
ID										
CELL										
HOME										
WORK										
EMAIL ADDRESS										
ADDITIONAL CELL NUMBER IF UNREACHABLE										

SECTION 6: SCHOOL LEAVING PARTICULARS			
Name of last School Attended:			
Address of School:			
Highest Grade Passed:			
Date of Examination:			
Examination Number:			
Examination Body:			
NB! (A certified copy of your school leaving certificate should accompany this application)			
Nr	Subject Passed in Grade 12	Symbols obtained	Level (s)
1			
2			
3			
4			
5			
6			
SECTION 7: PRIOR LEARNING OR/ POST SCHOOL TRAININGS			
Training Obtained		Year Training Obtained	Training Institution

I, (Full names).....HEREBY CONFIRM THAT, I DO UNDERSTAND THAT ITS ONLY SHORTLISTED CANDIDATES THAT WILL BE NOTIFIED AND CALLED FOR AN INTERVIEW AND NONE OF THE SUBMITTED DOCUMENT WILL BE RETURNED.

Applicants Signature

Date:

FOR OFFICIAL USE ONLY											
Accepted		Rejected									
Condition Applicable											
Symbol Obtained											
Overall points Obtained											
English		Mathematics									
Biology		Physical									
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