



**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										

<b>SECTION 6: SCHOOL LEAVING PARTICULARS</b>			
Name of last School Attended:			
Address of School:			
Highest Grade Passed:			
Date of Examination:			
Examination Number:			
Examination Body:			
<b>NB! (A certified copy of your school leaving certificate should accompany this application)</b>			
Nr	Subject Passed in Grade 12	Symbols obtained	Level (s)
1			
2			
3			
4			
5			
6			
<b>SECTION 7: PRIOR LEARNING OR/ POST SCHOOL TRAININGS</b>			
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									
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">FOR DEPARTMENT USE</td> </tr> <tr> <td colspan="2" style="text-align: center;">Accepted/rejected in accordance with directions signature</td> </tr> <tr> <td colspan="2" style="text-align: center;">Date</td> </tr> <tr> <td style="width: 50%;">Department</td> <td style="width: 50%;">Rank:</td> </tr> </table>				FOR DEPARTMENT USE		Accepted/rejected in accordance with directions signature		Date		Department	Rank:
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