# Artisan Training for Self – Employment Application Form

**2027 - January Intake**

**CONDITIONS:**

*a) Application fee – Non-refundable* ***N$50.00.***

***Banking Details: Standard Bank Namibia***
***Account Name: KAYEC***
***Account No: 043253563***
***Branch Code: 082372 (Universal Code: 087373)***
***Branch Name: WINDHOEK***
***Reference: Applicant name and surname e.g., Johanna Titus***

*b) Fill in the areas on the application form using BLOCK LETTERS with black ink.*
c) Attach **certified** copies of highest qualification obtained, ID or Birth Certificate.
***d) Important Dates:*** ***Applications deadline: 20 January 2027***
***Aptitude Test: 25 January 2027 @ 08h30***

*e) Library fee - Non-refundable* ***N$200.00*** *is required upon admission*

***Training will start on the 1st February 2027, and all trainees are expected to be at the centre strictly at 07h15.***

**TRAINING CENTRE**

✓ **ONDANGWA**

**COURSE APPLIED FOR**

**- First Choice:** *

| | |
|---|---|
| ☐ Automotive Mechatronics - Lev 2 | ☐ Electrical General - Lev 2 |
| ☐ Bricklaying and Plastering - Lev 1 | ☐ Joinery and Cabinet Making - Lev 1 |
| ☐ Cellphone Repair and Maintenance | ☐ Plumbing and Pipefitting - Lev 1 |
| ☐ Early Childhood Development | ☐ Welding and Metal Fabrication - Lev 2 |

Note: The duration is **1 YEAR** for all the courses

**- Second Choice:** .....

## A PERSONAL PARTICULARS

**1.** Surname *
**2.** First Names *
**3.** ID Number
**4.** Date of birth * (D D / M M / Y Y Y Y)

**5.** Postal address

**6.** Residential address *

**7.** Contact number *

**8.** Email Address *

| **9. Gender** * | **10. Marital Status** * | **11. Marginalized** * |
|---|---|---|
| ☐ Male | ☐ Married | ☐ San |
| ☐ Female | ☐ Unmarried | ☐ Ovatjimba |
| | ☐ Divorced | ☐ Ovatue |
| | ☐ Widow/er | ☐ N/A |

| **12. Are you an Orphan** * | |
|---|---|
| ☐ Yes | ☐ No |
| **13. Do you have Albinism** | |
| ☐ Yes | ☐ No |
| **14. Are you Vulnerable** * | |
| ☐ Yes | ☐ No |

*These training opportunities will be funded by NTA under 35% key priority training allocation of the Vocational Education and Training (VET) levy.*

**15.** Next of kin Name _____ **16.** Next of kin Relationship _____

**17.** Next of kin Contact _____

| **18.** Do you have any difficulties/disability * |
|---|
| ☐ No known disability |
| ☐ Blind / Visual impairment |
| ☐ Deaf / Hearing impairment |
| ☐ Physical disability |
| ☐ Mental health condition |
| ☐ Health condition *(Epileptic, nervous or trauma, Asthma, low or high blood pressure)* |
| ☐ Learning impairment |
| ☐ Allergic (skin problem) |
| ☐ Autistic spectrum disorder |
| ☐ Another disability / medical condition |

| **19.** Home Language |
|---|
| ☐ Oshiwambo |
| ☐ Khoekhoegowab |
| ☐ Afrikaans |
| ☐ Otjiherero |
| ☐ RuKwangali |
| ☐ siLozi |
| ☐ German |
| ☐ San |
| ☐ other |

| **20.** Nationality * |
|---|
| ☐ Namibian |
| ☐ Other |

| **21.** Region of Origin (Home) |
|---|
| ☐ Erongo |
| ☐ Hardap |
| ☐ Karas |
| ☐ Kavango East |
| ☐ Kavango West |
| ☐ Khomas |
| ☐ Kunene |
| ☐ Ohangwena |
| ☐ Omaheke |
| ☐ Omusati |
| ☐ Oshana |
| ☐ Oshikoto |
| ☐ Otjozondjupa |
| ☐ Zambezi |

**22.** Special learning needs _____

*(State any special learning tools needed if necessary)*

## B EDUCATION

**22.** Which year did you leave school? ☐☐☐☐ **23.** What is the highest grade you passed? * ☐☐

**24.** Name of the school _____

## C OTHER INFORMATION

| **25.** From where do you get Funding? |
|---|
| ☐ Self-funding |
| ☐ Parent/Guardian funding |
| ☐ Sponsored |
| ☐ Loan |
| ☐ Other |

| **26.** Who is your guardian? * |
|---|
| ☐ Father |
| ☐ Mother |
| ☐ Brother/Sister |
| ☐ Grand Parent |
| ☐ Uncle/Aunt |
| ☐ Other Relative |
| ☐ Non-Relative |

| **27.** Can your Guardian Fund you? |
|---|
| ☐ No capacity |
| ☐ Partial capacity |
| ☐ Full capacity |
| ☐ Don't know |

| **28.** Are you Employed? |
|---|
| ☐ Yes ☐ No |

## D GENERAL INFORMATION

| **29.** From where did you hear about KAYEC training program? | |
|---|---|
| ☐ Newspaper | ☐ School |
| ☐ Radio | ☐ Social media |
| ☐ TV | ☐ Other |

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

Signature of Applicant:..... * Date.....

Signature of Guardian:..... Date.....

*(If applicant is under 21 years of age)*

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