



APPLICATION FOR ADMISSION 2027

Intake
(tick)

Jan/Feb

Jul/Aug

APPLICATION NUMBER

Erf 1957, Bahnhof Street, Windhoek Po Box 70366, Khomasdal, Windhoek,
Tel: +264 81 627 7111, Website: www.kestechtraining.com

INSTRUCTIONS:

- Fully complete the form in black/blue ink.
- An application fee of N\$ 100.00 is non-refundable. Attach the proof of payment or a deposit slip with this application. Our banking details: **KESTECH Training Centre, FNB, Account number: 62270258249, Branch Code: 282672**
- Applications can be submitted at **Kestech Vocational Training Centre** or mailed to: **admissions@kestechtraining.com, P.O. Box 70366, Khomasdal, Windhoek**

Passport Photo

APPLICANT'S PARTICULARS | Mark Appropriate Box with an 'X'

Gender	Male	Female	Marital Status	Single	Married
Surname:			First Name(s):		
Date of Birth:			Identity Number:		
Residential (Home) Address:					
Region:		Postal Address:			
Contact Details:			Email Address:		

MINIMUM ADMISSION REQUIREMENTS

- 20 Points** in (6) subjects in Grade 11/12 with E symbol in English, Math and Science
- 23 Points** in (6) subjects in Grade 10 with E symbol in English, Math and Science
- ID/Passport of the applicant and both parents
- Birth Certificate of the applicant
- Proof of parents/Guardian income responsible for payments
- Passport photo
- Confirmation letter of the Employer responsible for payments (*where applicable*)

Note: Admission conditions may apply to students not meeting the above requirements.

FIELD OF STUDY

CBET: Solar Equipment Installation and Maintenance (<i>tick</i>)	1	2	3	4	5	Solar starts at level 1
CBET: Electrical Engineering (<i>tick</i>)	2	3	4	5		Electrical starts level 2

EDUCATIONAL DETAILS

School Name:			Year of Examination:		
Highest Grade Passed:	Grade 11/12	Grade 12	Grade 10	Other	
Qualification Obtained:					
Higher Institution Attended:					
Curriculum	New		Old		

SUBJECTS OF THE HIGHEST GRADE COMPLETED						
Subjects		Symbols		Levels		
1.						
2.						
3.						
4.						
5.						
6.						
EMPLOYMENT DETAILS (If applicable)						
Name of Employer:						
Employer Address:						
Region:		Phone no:				
Position Held:					Duration:	
Email Address:						
MEANS OF PAYMENT Mark Appropriate Box with an 'X'						
Private:	Yes	No	Company:	Yes	No	Other:
HEALTH PARTICULARS						
Do you suffer from any chronic disease(s)?			Yes		No	
If yes, Please Specify:						
Do you have any disability?			Yes		No	
If yes, state the nature of your Disability:						
Do you have any special need/s?			Yes		No	
If yes, please specify:						
PERSONAL PROTECTIVE EQUIPMENT						
Overall Size	Trouser			Jacket		
DECLARATION						
I hereby declare that all supporting documents attached to this application are authentic, accurate, and valid. I understand that the submission of any false, misleading, or fraudulent information or documentation may result in the disqualification of my application.						
Applicant's Signature: Date:/...../.....						
FOR OFFICE USE ONLY						
Payments Method:	EFT/Bank Transfer	Yes	No	Card Payment	Yes	No
Receipt Number:			Cash Slip no:			
Status of the Application:	Admitted			Not Admitted		
Reason(s):.....						
.....						
.....						
.....						