

ESSENCE HEALTHCARE ACADEMY

P.O BOX 96415, WINDHOEK, 9000

PASSPORT PHOTO

APPLICATION FORM - 2024

Gender: M F Maiden Name: Mother Tongue: Home Town: Citizenship: Namibian Other (specify) If not a Namibian citizen, please apply for a study permit from your country of origin.	_
Academic year: Continue	_
Academic year: Section 1: Personal Particulars Date of Birth: Passport No.: Gender: Middle Name Postal code: City Street: Street: Academic year: Section 1: Personal Particulars Date of Birth: Passport No.: Gender: Middle Name Base of Birth: Passport No.: Gender: Middle Name Base of Birth: Passport No.: Gender: Mother Tongue: If not a Namibian Citizen, please apply for a study permit from your country of origin.	_
Academic year: Security	
City	
City	
City	
Residential address:	ountry
SECTION 1: PERSONAL PARTICULARS Date of Birth: D D M M Y Y Y Y I.D. No.: Passport No.: Marital Status: Single Maiden Name: Wother Tongue: Home Town: Citizenship: Namibian Other (specify) If not a Namibian citizen, please apply for a study permit from your country of origin.	
Academic year: SECTION 1: PERSONAL PARTICULARS Date of Birth: Passport No.: Marital Status: Mother Tongue: Mother Tongue: If not a Namibian Other (specify) If not a Namibian citizen, please apply for a study permit from your country of origin.	
Date of Birth: Date of Birth: Dassport No.: Beassport No.: Mother Tongue: Citizenship: Namibian Other (specify) If not a Namibian citizen, please apply for a study permit from your country of origin.	
Date of Birth: Passport No.: Passport No.: Marital Status: Single Maiden Name: (1 applicable) Mother Tongue: Home Town: Citizenship: Namibian Other (specify) If not a Namibian citizen, please apply for a study permit from your country of origin.	
Date of Birth: D D M M Y Y Y Y I.D. No.: Passport No.: Gender: M F Maiden Name: (Tougleable) Home Town: Citizenship: Namibian Other (specify) If not a Namibian citizen, please apply for a study permit from your country of origin.	
Passport No.: Marital Status: Single Maiden Name: (f application) Mother Tongue: Home Town: Citizenship: Namibian Other (specify) If not a Namibian citizen, please apply for a study permit from your country of origin.	
Gender: M F Maiden Name: Mother Tongue: Home Town: Citizenship: Namibian Other (specify) If not a Namibian citizen, please apply for a study permit from your country of origin.	Married
Citizenship: Namibian Other (specify) If not a Namibian citizen, please apply for a study permit from your country of origin.	, iaiiioa
Citizenship: Namibian Other (specify) If not a Namibian citizen, please apply for a study permit from your country of origin.	
If not a Namibian citizen, please apply for a study permit from your country of origin.	
De very have an immediate at disabilities Very 1 No. 1	
De very house an immediament on disphility 2	
Do you have an impairment or disability? Yes No (for planning purposes	only)
f 'yes' please specify and attach documents specifying your condition.	
Based on your disability, do you have special needs?	
If 'yes' briefly state your additional needs arising from the above mentioned impairment or disability.	No

SECTION 2: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS

(To be contacted in case of emergency.)

Family relationshi	ip wi	th the pe	rson w	hose p	artic	ular	s are	sup	plie	d.						7			
Father	ther		Spouse/partner					Guardian											
Title:			Mr					Ms								Oth	Other (specify)		
Surname:																			
First Names in full:																		Initials	
I.D. No.:																			
Home Address (ne	xt of	kin/guard	lian):																
Tel No.: Work																			
Tel. No.: Home													C	ell No.:					
Employer (next of l	kin/gu	uardian):																	
Occupation:																			
Employer's Addres	s:																		
SECTION 3: EMF	טו מי	VMENT	DADTI	CIII A	DC /	only	, if a	nnli	can	t ic	in fi	II_4i	mo	omploy	mon	4)			
		INLINI	FARII	COLA	110 (Ollis	/ II a	ірріі	Car	11 13	111110		IIIC	emplo	yiiieii	')			
Name of Employer	:																		
Your Occupation:																			
Years of Experience																			
Employer's Postal Address: Employer's Telephone No.:																			
Employers Teleph	one r	NO.:																	
SECTION 4: SC	HOC	DL LEAV	/ING P	ARTIC	ULA	ARS													
Last secondary scl	hool	attended:																	
Address of school:																			
Highest grade pass	sed:																		
Current grade (if a	pplica	able):																	
Date of examination	n:																		
Examination numb	er:																		
Examination body:																			1
Subject (Best 5 Su	ibject	ts, includi	ng Engl	lish)														Level ## (See table below)	Symbol

LEVEL								
ON = NSSC	IG = IGCSE	AL = A LEVEL	HG = HIGHER GRADE					
NH = NSSC	HI = HIGCSE	OL = O-LEVEL	SG = STANDARD GRADE					
			LG = LOWER GRADE					

Note: A full Academic Record ISSUEd by the INStitution SHOULd accompany THIS application. Student No. From Year To Year Name of University/College/Academy Name of Programme: Awarded: Ν Have you ever been refused admission to any Tertiary Institution? Ν Are you currently enrolled at another institution of high learning? Ν If 'yes' please indicate where. **BANKING DETAILS: ESSENCE HEALTHCARE ACADEMT** OFFICIAL DATE STAMP FIRST NATIONAL BANK - WINDHOEK Account number: 62271029342 Branch code: 280172 **DECLARATION** I hereby declare that all the particulars given in this application form are true and correct. I further declare that my enrolment as a student at Essence Healthcare Academy shall be subject to the terms and conditions contained in the agreement, which I shall complete, sign and submit at registration. SIGNATURE OF APPLICANT Date SIGNATURE OF GUARDIAN Date (If applicant is under 21 years of age) FOR OFFICIAL USEONLY: APPLICATION FEE RECEIVED: RECEIPT NUMBER: _____ LATE FEE RECEIVED: RECEIPT NUMBER___ Accepted / Rejected Please circle which is applicable: **IMPORTANT INFORMATION:** Documents to be submitted with Application Form (Tick ✓): □ *ID Document - certified copy or* □ Passport - certified copy or ☐ Birth Certificate - certified copy

☐ Passport photo

☐ School Leaving Certificate - certified copy

 \square Application Fee proof of payment

☐ Official Translation (Non-English Documents)
□ NQA Evaluation Report (International Qualifications)
☐ School Results/ Rapport (Namibian Schools – Current Grade 12)

Application Dates and Fees (Non-refundable):

The following must be paid at the nearest Campus or into EHA Bank Account. (Please attach proof of payment to the application form):

•	Namibian Applicants (until 14 Aug)	(N\$ 150.00)
•	International Applicants (until 02 Aug)	(N\$ 300.00)
•	Late Namibian Applicants (until 31 Aug)	(N\$ 200.00)
•	Late International Applicants (until 17 Aug)	(N\$ 400.00)