

ZAMBEZI VOCATIONAL TRAINING CENTRE



Trading as
ZAMBEZI COMMERCIAL & DEVELOPMENT
COMPANY
PRIVATE BAG 1064 NGWEZE
TEL. No: (066) 253 264; FAX: (066) 253 760



ZVTC APPLICATION FORM

Instructions for the Completion of the form

1. Complete the areas on the form in BLOCK LETTERS in black ink.
2. A non-refundable application fee of N\$50.00 must accompany this application form. Please do not send cash if posted. Payments can be made at Zambezi VTC or by Bank deposits. Please enclose your original deposit slip with this application. Our banking details: Account Number: 080923879, Standard Bank, Katima Mulilo, Branch Code: 080672. **Postal orders are not accepted.**
3. This application must be accompanied by certified copies of birth certificate/ID card & relevant academic certificates/ latest School results. **Minimum requirements:** Grade 10 pass with 23 points in 6 Subjects, E-symbol in Math's & E-symbol in English or Grade 11 pass with 20 points in 5 Subjects, E- symbol in Math's & E- symbol in English.

Applicant Information

Surname:		ID/PP No:					
Names:		Gender:	<table border="1"> <tr> <td>Male:</td> <td><input type="checkbox"/></td> <td>Female:</td> <td><input type="checkbox"/></td> </tr> </table>	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>				
Tel/Cell:		Nationality:					
Residential Address:							
Postal Address:							
Email Address:							

Trade/ Course:

Select your choice by marking with an "X" (only)	1 st	2 nd	Select your region of origin by marking with an "X" (only)			
Agriculture (Farm machinery)						
Agriculture (Crop Production)			Erongo	<input type="checkbox"/>	Ohangwena	<input type="checkbox"/>
Bricklaying & Plastering			Hardap	<input type="checkbox"/>	Omaheke	<input type="checkbox"/>
Clothing Production			Karas	<input type="checkbox"/>	Omusati	<input type="checkbox"/>
Joinery & Cabinet Making			Kavango East	<input type="checkbox"/>	Oshana	<input type="checkbox"/>
Hospitality & Tourism			Kavango West	<input type="checkbox"/>	Oshikoto	<input type="checkbox"/>
Office Administration			Khomas	<input type="checkbox"/>	Otjizondjupa	<input type="checkbox"/>
Plumbing & Pipefitting			Kunene	<input type="checkbox"/>	Zambezi	<input type="checkbox"/>
Welding & Metal Fabrication				<input type="checkbox"/>		<input type="checkbox"/>

Emergency Contact / Parent / Guardian

Name:		Mobile:	
Relationship:		Home Phone:	
Town:			
Address:			

Educational Background

School attended:

Postal Address:

Tel:

Fax:

Region:

Year Graduated:

Subject

Symbol

Grade

H/IGSCE/NSSC/JSC

Employment Information

Employer:

Tel:

Fax:

Position Held:

Postal Address:

Financial Assistance

Select your choice by marking with an "X" (only)

Required:

Not Required:

Declaration

I CONFIRM THAT ALL THE INFORMATION I HAVE GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND ALL SUPPORTING DOCUMENTS ARE GENUINE

Signature:

Date: