



2017 APPLICATION FORM

| | |
|----------------------------|--|
| Course / Programme | |
| Dates (dd/mm/yyyy): | |

Part A- Personal contact details

| | | | |
|---------------------------------------|--|----------------|--|
| Title | | Surname | |
| First Names | | | |
| ID/Passport Number | | | |
| Highest academic qualification | Enter the level of qualification and title. Example: "Bachelors Degree - Information Technology" | | |
| Work fax number | | | |
| Work phone number | | | |
| Mobile number | | | |
| e-mail (official) | | | |

Part B - Official details

| | |
|--|---|
| Organisation | |
| Department / Unit | |
| Physical Address | (Building name, street name, office number & floor) |
| Postal Address | |
| Current Position | |
| Number of years in current position | |

Contact details of Your Supervisor

| | |
|----------------------------|--|
| Title & Surname | |
| First names | |
| Position | |
| Telephone number | |
| Mobile | |
| e-mail | |

Contact details of the Finance Office / Person responsible for payment and receiving invoices

| | |
|----------------------------|---|
| Title & Surname | |
| First names | |
| Position | |
| Physical address | (Building name, street name, office number & floor) |
| Telephone number | |
| Mobile | |
| e-mail | |

Part C – Motivation & Expectations

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|---|
| Please explain your motivation in attending this course / programme: |
| |
| |
| Please indicate your expectations for this training: |
| |
| |

Please specify your english language proficiency by indicating “fair”, “good” or “excellent” in each of the columns below.

| Language Proficiency | Read | Write | Speak |
|-----------------------------|-------------|--------------|--------------|
| English | | | |

TERMS AND CONDITIONS OF APPLICATION

Please kindly note that: **A 100% cancellation fee will be charged on any cancellation made within five day(s) before the commencement of the programme / course.**

You will receive a provisional admission letter / email and upon registration the invoice will be sent to your organisation and must be paid within 30 days after commencement of the programme / course.

| |
|--------------------|
| UNDERTAKING |
|--------------------|

I certify that the information furnished in this application form is a true reflection of my credentials. I am aware of the fact that I may be required to complete assessment(s) to certify whether I have mastered the competencies required for the course.

Signature

Date:.....

EXECUTIVE APPROVAL

The applicant's direct supervisor, Permanent Secretary or Accounting Officer acknowledges that the applicant is authorized to attend the training offered at NIPAM, certifies that funds are available to pay for the training as per prescribed fees of NIPAM and that he / she has read the terms and conditions of application and regards them as binding between the partners.

Signature of Direct Supervisor /
Accounting Officer

Date:.....



PLEASE e-MAIL OR FAX THE COMPLETED AND SIGNED FORM TO THE FOLLOWING:

applications@nipam.na
Fax: +264-61-2964830
Fax : +264-61-2964741
Fax : +264-61-2964830

We kindly request that all forms are fully completed and signed to avoid delays in processing.