



NIPAM
NAMIBIA INSTITUTE OF PUBLIC
ADMINISTRATION AND MANAGEMENT

2019 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 – Public Administration"		
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	

To be completed by the Applicant's Supervisor	
Title & Surname	
First names	
Position	
Telephone number	
Mobile	
e-mail	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended	
Signature	

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	

TERMS AND CONDITIONS OF APPLICATION

The receipt of a provisional admission letter / email from NIPAM should facilitate the procedure for obtaining a purchase order. This should be provided to NIPAM upon registration and must be paid within 30 days after commencement of the programme / course.

Please kindly note that: A 100% cancellation fee will be charged.

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 Executive Director or Accounting Officer acknowledges that the applicant is authorised 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 Permanent Secretary / Accounting Officer

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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.