KESTECH

VOCATIONAL TRAINING CENTRE

APPLICATION FOR ADMISSION 2026

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:

1. Fully complete the form in black/blue ink.
2. **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**
3. Applications can be submitted at **Kestech Vocational Training Centre** or mailed to: **kestechvtc@gmail.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 ***(tick)***	1	2	*Solar starts at level 1*
CBET: Electrical Engineering ***(tick)***	2	3	*Electrical starts level 2*

EDUCATIONAL DETAILS

School Name:			Year of Examination:	
Highest Grade Passed:				
Qualification Obtained:				
Higher Institution Attended:				

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					
Trouser Size:		Overall Size:		Shirt Size:	
Shoes Size:					

DECLARATION

ALL THE ATTACHED SUPPORTING DOCUMENTS ARE AUTHENTIC. ANY FALSE INFORMATION WILL LEAD TO MY APPLICATION BEING DISQUALIFIED.

Applicant's Signature: ..... Date: ...../...../.....

FOR OFFICE USE ONLY

Payments Method:	Bank Transfer	Yes	No	Cash	Yes	No
Receipt Number:			Cash Slip no:			
Status of the Application:	Admitted			Not Admitted		

Reason(s):.....

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