KESTECH

VOCATIONAL TRAINING CENTRE

APPLICATION FOR ADMISSION

2026 INTAKE

APPLICATION NUMBER						
Examination	Mar/Apr		Jul/Aug		Nov/Dec	

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 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 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:	Married	Single
Surname:			First Name(s):		
Date of Birth:			Identity Number:		
Residential (Home) Address:					
Region:		Postal Address:			
Contact Details:			Email Address:		

MINIMUM ADMISSION REQUIREMENTS

- N4 candidates must have N3 or *Completed grade 11/12* ***level 3 trade certificate are encouraged to proceed to N4***
- N5 candidates must have N4
- N6 candidates must have N5
- ID/Passport of the applicant
- Birth Certificate of the applicant
- Proof of parents/Guardian income responsible for payments
- Passport photo
- Confirmation letter of the Employer responsible for payments

FIELD OF STUDY

Course **(Tick)**	**National Certificate**	N4		N5		N6		**Installation Rules**	Paper 1		Paper 2		

EDUCATIONAL DETAILS

School Name:			Year of Examination:	
Highest Grade Passed:		**Previous Student No.**		
Higher Institution Attended:			Year:	
Qualification Obtained:				

SUBJECTS TO BE TAKEN

(maximum 4 on fulltime and maximum of 2 on part time basis)

Subjects	N Level	Examination Date
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):