



APPLICATION FOR ADMISSION
JANUARY 2025 INTAKE

Attach Recent

Passport
Photo

Here

Instructions for the completion of the form

1. Complete in Block Letter using a black or blue ink	4. The form is to be submitted at the Siya Institute of Vocational Education and Training Centre or mailed to Siya Institute of Vocational Education and Training P O Box 8, Ruacana, on or before 28 February 2024 .	
2. KINDLY TAKE NOTE THAT APPLICATION FOR ADMISSION ARE ABSOLUTELY FREE OF ANY CHARGE.	5. No Faxed or Emailed applications will be accepted. However, application received online via our website online application page will be accommodated.	
3. This application must be accompanied by certified copies of national identity document and relevant academic certificates or latest school results and all applicable documents required for enrolment.	Attach Certified Copies of:	
	ID/Full Birth Certificate	<input type="text"/>
	School leaving certificates or latest results	<input type="text"/>

Applicant's particulars (Mark in Appropriate box with an 'X')

Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Others (specify)										
Surname :													
First Name /s:													
Date of birth:	ID Number:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>											
Cell:	Phone:	Nationality :											
Residential Address:													
Postal Address:													
Email Address:													
Region: Cross(x) the appropriate region of origin below:													
Za mb ezi	Erongo	Hardap	// Karas	Kavango East	Kavango West	Khomas	Kunene	Ohangwe na	Omaheke	Omusati	Oshana	Oshikoto	Otjozondjupa
Indicate whether you are physically challenge: Yes <input type="checkbox"/> No <input type="checkbox"/>													
If your answer is yes, please attach medical documentation													
If applicable, please indicate Affirmative Group:													

Emergency Contact / Parents / Legal Guardian		
Name:	Relationship:	
Address:		
Town/village:	Phone :	Cell:

Choice of study (<i>Mark in appropriate box with an 'X'</i>)				
For which trade do you apply? Please mark your choices with an (X)				
Trade	1 st Choice	2 nd Choice	Level	Committee approval (<i>please do not write on this column</i>)
Electrical Engineering - Electrical General				
Occupational Health & Safety				
Clothing Production				
Civil & Building Services Engineering (Bricklaying & Plastering)				

Educational background

School/ Institution Attended:	Region:
Address:	
Highest grade:	
Phone :	Fax: Year of Examination:
Email:	

Subjects of the highest Grade passed

Grade 10 (JSC) or Grade 11/12 H/ IGCSE or NSSC (O/H)	Levels	Subject passed	Grades/Sy mbols	Year attained

Employment Information (Attach Resume)

Employer:

Employer Address:

Phone: _____ Position Held: _____

Declaration

I confirm that all the information I have given are correct to the best of my knowledge and that all supporting documents are genuine.

Signature of applicant _____ Date

Office Use Only

Comment: Cash _____ Bank Deposit _____ Electronic _____

OBLIGATIONS

If Selected for training, you will have to pay a training fees per the course of your choice as follow:

Trade	Fees
Electrical Engineering - Electrical General (L2)	N\$ 14 000.00
Occupational Health and Safety (L4)	N\$ 9 000.00
Clothing Production (L1)	N\$ 10 000.00
Civil & Building Services Engineering (Bricklaying & Plastering)	N\$ 9 000.00
Non - Refundable Registration Fee	N\$ 750.00

NB: If selected to stay in hostel, you be will required to pay **N\$ 350.00** per month for accommodation. You will also be required to bring your own beddings and kitchen utensils.

Application for Hostel Accommodation

SIVET has limited space for accommodation. Admission to the centre does not necessary grantee hostel accommodation.

Take Note: This is a self-catering hostel.

APPLICANT'S PARTICULARS

Surname :		
First Name /s:		
Date of birth:	ID Number :	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Cell:	Phone :	Nationality :
Residential (home) Address:		
Postal Address:		
Region:		
Marital status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>
Email Address:		

EMERGENCY CONTACTS/LEGAL GUARDIAN

Name:	
Relationship:	
Home Address(Town/Village)	Region:
Telephone number:	Cell phone number:
Email Address	

DECLARATION

I hereby confirm that all the information provided is correct to the best of my knowledge and that all the attached supporting documents are authentic. Any false information will lead to my application being not considered.

Signature of applicant: Date: day of2025

FOR OFFICE USE ONLY (Do not fill in please)

semester	<input style="width: 95%;" type="text"/>	Year	<input style="width: 95%;" type="text"/>
Trainee No	<input style="width: 95%;" type="text"/>	Trade & level	<input style="width: 95%;" type="text"/>
Block	<input style="width: 95%;" type="text"/>	Room Number	<input style="width: 95%;" type="text"/>
Signature HC	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>

FINANCIAL ASSISTANCE (Mark in appropriate box with an 'x')

Do you need financial assistance?	Yes		No
Do you need hostel accommodation? If yes, fill the hostel form	Yes		No

HEALTH PARTICULARS

Do you have any Disability? yes No

If yes, state the nature of your disability.

Based on your disability, do you have any special need/s? *(please specify)*

Do you suffer from any chronic disease/s?

Please specify.

DECLARATION

I hereby confirm that all the information provided is correct to the best of my knowledge, and that all the attached supporting documents are authentic. Any false information will lead to my application being disqualified.

<p>Signature of applicant:</p> <p>_____</p> <p>Signature of guardians:</p> <p>_____</p> <p><i>(if applicant is under the age of 18)</i></p>	<p>Date : _____</p> <p>Date : _____</p>
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FOR OFFICE USE ONLY (Do not fill in please)

Payment: Cash

slip:

postal order:

Receipt number:

Status of the Application:

Admitted

Not Admitted

Reason(s):
