



APPLICATION FORM

ATTACH RECENT
PASSPORT
PHOTO

TRAINING INNOVATION DEVELOPMENT
ATLANTIC TRAINING INSTITUTION

"Training the Future"

(A) APPLICATION FEES (NON-REFUNDABLE)

Normal application fee **(N\$200.00)**

Late application fee **(N\$250.00)**

Attach original deposit slip to the application form upon submission

ACADEMIC YEAR

2022

(B) REGISTRATION FEES (NON-REFUNDABLE)

Registration Fee **(N\$1,800.00)** ; Late Registration **(N\$2,000.00)**

INSTRUCTIONS

1. Complete the form in BLOCK LETTERS in Black or Blue INK.
2. Applicants with foreign Qualification must attach NQA Evaluation Letter
3. If in need of a study permit arrange for it before commencing studies with us.
4. ATI will not be responsible for the loss of any original documents
(no copies will be returned back to applicant).
5. All information supplied by the applicant will be treated as confidential.

Account Name: **Atlantic Training Institution**
Bank Name: **Bank Windhoek**
Account No: **3001745119**
Account type: **NDP**
Branch Name: **Ongwediva Branch**
Branch Code: **485673**

SECTION 1: PROPOSED COURSE OF STUDY

COURSE OF STUDY FOR WHICH YOU WISH TO ENROL:				FULL TIME	PART TIME	DIS- TANCE
FIRST CHOICE						
SECOND CHOICE						
BRANCH	OSHAKATI-Main Branch			WINDHOEK-Branch		

SECTION 2: APPLICANT'S PARTICULAR

TITLE	MR		MS		OTHER (SPECIFY)	
SURNAME:						
FIRST NAME(S):						INITIAL

SECTION 3: CONTACT PARTICULAR (COMPULSORY)

POSTAL ADDRESS: (COMPULSORY)										RESIDENTIAL ADDRESS: (COMPULSORY)									
MOBILE:																			
EMAIL:																			

DATE OF BIRTH:	D	D	M	M	Y	Y	Y	Y	ID NO.																									
PASSPORT NO.																MARITAL STATUS						SINGLE					MARRIED							
GENDER:	MALE								FEMALE								MAIDEN																	
HOME LANGUAGE:									HOMETOWN:												REGION:													
CITIZENSHIP:	NAMIBIAN								OTHER (SPECIFY)																									

DO YOU HAVE ANY CHRONIC ILLNESS, IMPAIRMENT OR DISABILITY?	YES		NO	
If 'yes' please specify and attach documents specifying your condition.				
Based on your disability, do you have special needs?	YES		NO	
If 'yes' briefly state your additional needs arising from the above mentioned impairment or disability.				

FAMILY RELATIONSHIP WITH THE PERSON WHOSE PARTICULARS ARE SUPPLIED.															
Father			Mother				Spouse/Partner				Guardian				
Title:		Mr				Mrs				Others					
Surname:															
First Names:															
I.D. No.															
Home Address															
Tel:									Cel:						
Employer:															
Occupation:															
Employer's Address:															

[illegible]

SECTION 7. TERTIARY EDUCATION

NAME OF INSTITUTION	YEAR	QUALIFICATION OBTAINED OR ENROLLED FOR

SECTION 8. PAYMENT DETAILS

Name of Person / Institution Responsible for Payment:			
Relationship to Applicant:			
Residential Address:			
Postal Address:			
Employer:			
Position:			
Town:			
Email:			
Telephone Number		Cel:	

SECTION 9: CHECK LIST

To ensure your application is complete, please tick the checklist below.

ITEMS	TICK
Certified copies of ID/Passport/ (Birth Certificate if the applicant has not yet received an ID)	
One recent passport photo	
Certified copies of all your academic certificate(s) /results.	
Application fee	
Original official translation of the foreign qualification – if in a foreign language other than English	
NQA Evaluation letter (for International Qualification)	
School Results	

SECTION 10: DECLARATION TO BE SIGNED BY THE PROSPECTIVE STUDENT

I _____ hereby agree to abide by the refund policy of this Institution, and any amendments thereto, as spelt out clearly in the refund policy (Annexure A). I/we also understand that this enrolment contract is accepted on the clear understanding that it cannot be cancelled upon commencement of a course.

Signed _____ on this _____ day of _____ month of the year 20_____

FOR OFFICIAL USE ONLY

APPLICATION FEE RECEIVED: _____ STUDENT NUMBER: _____

ACCEPTED: _____ REJECTED: _____

OFFICIAL DATE STAMP

ANNEXURE A

REFUND POLICY

Application fee and registration fees are none refundable. A student may cancel the course within one week upon commencement of classes and receive a full refund for paid tuition fees. 50 % of the tuition fee paid will be levied in case of cancellation after one week. After 3 weeks cancellation can be made, but there will be no refund.

Cancellation must be in writing and addressed to the registrar. Payment for students who cancelled can only be made after 30 workings days upon receiving the cancellation letter. Students are expected to hand in all the institutional material before cancellation, failure to do so will result into refund being forfeited.

FEES STRUCTURE

TYPE OF COURSES	AMOUNT	REGISTRATION FEE	DURATION
Occupational Health and Safety (NQF Level 4)	N\$16,500.00	N\$1,800.00	1 Year
Health Care Administration (NQF Level 4)	N\$16,500.00	N\$1,800.00	1 Year
Dental Assistant (NQF Level 4)	N\$16,500.00	N\$1,800.00	1 Year
Counselling (NQF Level 3)	N\$16,500.00	N\$1,800.00	1 Year
SHORT COURSES (PARAMEDICS)			
Emergency Care Practitioner-Basic (ECP-B)	N\$ 11,000.00	N\$ 1,800.00	7 Months
Emergency Care Practitioner-Intermediate (ECP-I)	N\$ 20,000.00	N\$ 1,800.00	5 Months
Occupational Health & Safety	N\$ 1,200.00	No registration fee	3 Days
First Aid - Class - A	N\$ 1,200.00	No registration fee	3 Days
Basic Life Support for Health Care Providers	N\$ 1,200.00	No registration fee	1 Day
Basic Fire Fighting	N\$ 1,200.00	No registration fee	1 Day
Basic Fire Fighting - Level 1	N\$ 5,000.00	No registration fee	1 Month

CONTACT DETAILS

OSHAKATI BRANCH

TEL: +264 65 226 599

CELL: +264 81 355 8803

EMAIL: info@atlantic-institute.com

WEBSITE: www.atlantic-institute.com

POSTAL ADDRESS: P.O.BOX 11877,Oshakati

PHYSICAL ADDRESS: Kalahari Complex, Erf 5610, Ompundja Road, Oshakati

WINDHOEK BRANCH

TEL: +264 61 226 577

CELL: +264 81 862 9392

EMAIL: info@atlantic-institute.com

WEBSITE: www.atlantic-institute.com

POSTAL ADDRESS: P.O.BOX 11877,Oshakati

PHYSICAL ADDRESS: Atlas Building, Erf 8456, C/O Sam Nuyoma Drive &
Mandume Ndemufayo Avenue