

APPLICATION FORM

ATTACH RECENT **PASSPORT PHOTO**

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

2024

ACCREDITED BY: NQA, NTA & HPCNA

Account Name: **Atlantic Training Institution**

Bank Name: **Bank Windhoek** 3001745119 Account No:

Account type: **NDP**

Branch Name: **Ongwediva Branch**

Branch Code: 485673

(B) REGISTRATION FEES (NON-REFUNDABLE)

Registration Fee (N\$2,000.00); Late Registration (N\$2,500.00)

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.

SECTION 1: PROPOSED COURSE OF STUDY

COURSE OF STU	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:																							

SECTION 4: PERSONAL PARTICULARS

DATE OF BIRTH:	D D	MN	1 Y	Υ	Υ	Υ Ι	D NO.													
PASSPORT NO.			┸					Ш		MARITAL STATUS				SI	NGLE			MA	ARRIED	
GENDER:	M	ALE				FEN	1ALE			MA	AIDEN									
HOME LANGUAGE:						HON	ЛЕТОW	/N:		REGION:										
CITIZENSHIP:	NAMIBIAN OTHER (SPECIFY)																			
DO YOU HAVE ANY CHRONIC ILLNESS, IMPAIRMENT OR DISABILITY?									YES							NO				
If 'yes' please specif	y and atta	ach doc	umen	ts spe	ecifyi	ng you	r condi	tion.												
Based on your disability, do you have special needs?									YES					١	NO					
If 'yes' briefly state your additional needs arising from the above mentioned impairment or disability.																				
SECTION 5: APP	LICAN	T'S NE	EXT (OF K	(IN/	LEGA	L GU	ARDIA	AN P	ART	ICUL/	ARS								
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Father				Mot	ther				S	Spouse/Partner						(
Title:					M	r					N	1rs			Others					
Surname:																				
First Names:							_											,		
I.D. No.																				
Home Address								,												
Tel:												С	el:							
Employer:								,												
Occupation:																				
Employer's Address:								,							,			,		
SECTION 6: SCH		E AV/IA	IC D	N DT	ICIII	IADO	•													
		LAVIIV	10 17	4111		LANG	•													
NAME OF SCHOOL: HIGHEST GRADE PA													YEA	\ R ·						
SUBJECTS	ASSLU.												T L F	LEVEL				SYMB	Ol	
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SECTION 7. TERTIARY EDUCATION

NAME OF INSTITUTION	YEAR	QUALIFICATION OBTAINED OR ENROLLED FOR

SECTION 8. PAYMENT DETAILS

		<u> </u>	
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

hereb	y 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										
	clear understanding that it cannot be cancelled upon									
Signedon this	day ofmonth of the year 20									
FOR OF	FICIAL 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		
Certificate in Enrolled Nursing	Year 1	N\$ 22,000.00	N\$ 2,000.00	2 Years		
and Midwifery (NQF Level 6)	Year 2	N\$ 23,600.00	N\$ 2,000.00	2 Tears		
Certificate in Auxiliary Nursing (NQF Le - Foundation Programme)	evel 4	N\$ 16,500.00	N\$ 2,000.00	1 Year		
Certificate in Occupational Health and Safety (NQF Level 4)		N\$ 18,500.00	N\$ 2,000.00	1 Year		
Diploma in Occupational Health and Sa (NQF Level 5)	afety	N\$ 20,000.00	N\$ 2,000.00	1 Year		
Certificate in Health Care Administration	on (NQF Level 4)	N\$ 18,500.00	N\$ 2,000.00	1 Year		
Certificate in Dental Assistant (NQF Lev	rel 4)	N\$ 18,500.00	N\$ 2,000.00	1 Year		
Certificate in Counselling (NQF Level 3)		N\$ 18,500.00	N\$ 2,000.00	1 Year		
Diploma in Counselling (NQF Level 6)		N\$ 20,000.00	N\$ 2,000.00	1 Year		
	SHORT COU	RSES (PARAMEDICS)				
Emergency Care Practitioner-Basic (EC	CP-B)	N\$ 11,000.00	N\$ 1,800.00	7 Months		
Emergency Care Practitioner - Interme	ediate (ECP-I)	N\$ 20,000.00	N\$ 2,000.00	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 Prov	viders	N\$ 1,200.00	No Registration Fee	1 Day		
Basic Fire Fighting		N\$ 1,200.00	No Registration Fee	1 Day		
Working at Height		N\$ 1,200.00	No Registration Fee	2 Days		

CONTACT DETAILS

OSHAKATI BRANCH

TEL: +264 65 226 599

CELL: +264 81 355 8803

EMAIL: oshakati@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: windhoek@atlantic-institute.com

WEBSITE: www.atlantic-institute.com

POSTAL ADDRESS: P.O.BOX 11877,Oshakati

PHYSICAL ADDRESS: Northern Industry, Erf No.7495, 25 Kallie Roodth

Street, Windhoek