

ONLINE STUDENT APPLICATION FORM

1. PERSONAL INFORMATION

Full Names (as per official documents)

1.1 Surname: **First Names:**

1.2 Date of Birth (DD/MM/YYYY): **Gender:** ☐ Male ☐ Female ☐ Other ☐

1.3 Nationality: **ID/Passport N0.:**

1.4 Contact Details:

1.5 Phone N0.: **1.6 Email Address:**

1.7 Residential Address:

2. PROGRAMME APPLIED FOR

2.1 Main Programmes (2years)

2.1.1 Diploma in Accounting (Level 6) ☐

2.1.2 Diploma in Business Management (Level 6) ☐

2.2 NTA Offerings (2 years)

2.2.1 Diploma in Occupational Health and Safety (Level 5) ☐

2.2.2 Certificate in Occupational Health and Safety (Level 4) ☐

2.2.3 Certificate in Occupational Health and Safety (Level 3) ☐

2.2.4 Certificate in Occupational Health and Safety (Level 2) ☐

2.2.5 Certificate in Occupational Health and Safety (Level 1) ☐

2.3 Short Courses (3 months):

- 2.3.1 Certificate in Forensic Accounting ☐
- 2.3.2 Certificate in Finance Data Analysis ☐
- 2.3.3 Certificate in Digital Marketing ☐
- 2.3.4 Certificate in Computerized Accounting ☐
- 2.3.5 Certificate in Book Keeping ☐
- 2.3.6 Certificate in Procurement and Supply Management. ☐

2.4 Intended Start Date: Jan/Feb ☐ Aug/Sept ☐

2.5 Mode of Study: Full-time ☐ Part-time ☐ Distance Learning/On-Line ☐

3. ACADEMIC QUALIFICATIONS

Please upload certified copies of your academic qualifications and transcripts.

Qualification Level	Institution Name	Year Completed	Grade/Average	Upload Document (PDF, JPG)
Ordinary Level Grade 10				[Upload Button]
Advanced Level (AS)				
Diploma				[Upload Button]
Other (Specify)				[Upload Button]

4. PROFESSIONAL QUALIFICATIONS (IF APPLICABLE)

Qualification Name	Institution	Year Completed	Upload Document (PDF, JPG)
			[Upload Button]

5. WORK EXPERIENCE (IF APPLICABLE)

Employer Name	Position Held	Duration (From - To)	Responsibilities Summary

6. REFERENCES

Please provide two academic or professional referees.

Referee Name	Relationship	Contact Number	Email Address

7. ADDITIONAL INFORMATION

7.1 Have you previously applied to this institution?

Yes ☐ No ☐

If yes, please specify year and programme:

7.2 Do you have any special needs?

Yes ☐ No ☐

If yes, please specify:

7.3 How did you hear about this programme?

Website ☐ Social Media ☐ Friend/Family ☐ Advertisement ☐

☐ Other:

8. DECLARATION AND CONSENT

I hereby declare that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in the rejection of my application or cancellation of admission. I consent to the institution verifying any information provided and using my data for admission purposes in accordance with data protection laws.

Applicant's Signature: **Date:**.....

9. SUBMISSION INSTRUCTIONS

- 9.1 Please ensure all required fields are completed and all necessary documents are uploaded before submitting.
- 9.2 Incomplete applications will not be processed.
- 9.3 After submission, you will receive a confirmation email with your application reference number.
- 9.4 Preferably submit this application ON-LINE. Alternatively, you can download, print and complete it.

10. How To Contact Us



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NETI Generic On-Line Application Form 170826