

APPLICATION FORM

APPLICATION CHECK LIST

Please ensure that you have attached all required documentation along with your application form.

	Duly complete application form		Application Fee
	Certified / Notarized copy of birth certificate		Certified / Notarized copy of Grade 11/12 certificate
	Certified / Notarized copy of ID		Certified / Notarized copy of grade 11/12 result
	Certified / Notarized copy of Passport *		Certified / Notarized copy(s) of qualification from tertiary education
	Certified / Notarized copy of study permit*		Original Transcripts from tertiary education
	Official translation (Non-English Documents) *		**Namibia Qualification Authority (NQA) evaluations, if tertiary qualification is obtained outside SADC region
	Motivational letter stating why you should be selected to study at WHCC (1 page only)		
*Non-Namibian Citizens, please include in addition to other documents required			

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PERSONAL INFORMATION

Surname		Name	
ID Number		Date of Birth	
Nationality		Gender	
Residential Address		Town	
Postal Address (if different from residential)		Country	
Contact (H)		Contact (W)	
Mobile		Email	

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PROGRAM					
Diploma in Business & Hospitality Management		FULL TIME		PART TIME	
Diploma in Culinary Arts					
Short Courses (specify below)					

INTAKE			
February		Year	
July		Year	

NON-NAMIBIAN CITIZEN					
Country of Origin		Passport Number		Expiry Date	
Type of Permit		Permit Number		Expiry Date	

EDUCATION HISTORY			
High School		Highest level Completed	
Tertiary Institution		Qualification	
Tertiary Institution		Qualification	

Please enclose a certified / notarized copy of your highest qualification, if you have a tertiary background also enclose your original transcripts and certified / notarized copies of qualification obtained.

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PHYSICAL CHALLENGES

Clearly state if you have any disabilities, medical conditions, severe allergies, vision or hearing impairments.

Yes

No

If YES, please specify:

PARENT / GUARDIAN DETAILS

Surname		Name	
Relationship			
Residential Address		Town	
Postal Address (if different from residential)		Country	
Contact (H)		Contact (W)	
Mobile		Email	

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EMPLOYER DETAILS (of the parent / guardian)	
Name of Employer	
Occupation	
Employer Postal Address	
Employer Contact Details	

PAYMENT DETAILS	
Name of Person / Institution responsible for payment	
Postal Address	
Contact Details	
Email Address	
Signature	

DECLARATION			
I, _____		ID / Passport No. _____	
hereby declare that all information given in this application form is true and correct. I further declare that my enrollment shall be subject to the terms and conditions attached hereto. I hereby agree to be bounded by the policies of WHCC for the duration of my studies.			
Applicant Signature		Parent / Guardian Signature	
_____		_____	
NAME		NAME	
DATE		DATE	



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In partnership with

