



PASSPORT PHOTO

APPLICATION FORM

This application is for applying at the Wolwedans Foundation to take part in the Hospitality programme.
We are aiming for the young Namibians between the age 18 years & 24 years old.

Institution of training:

Please bear in mind that Desert Academy has a strict criteria screening to accommodate marginalized groups, and youth from the south of Namibia.

n.i.c.e

Wolwedans Desert Academy

Please indicate by using the numbers between 1 & 2 to indicate 'first or 'second' choice preference according to the criteria given above.

TITLE	SURNAME	INITIALS	DATE OF BIRTH (DD/MM/YYYY)

This application must include the following items:

- Passport photo
- Letter of motivation for application only 1 page
- Updated Curriculum Vitae
- Academic requirement: Minimum required grade 10/12 certificate
- Testimonials or letter of reference from previous employer/institution/school
- Certified copy of ID



1. PARTICULARS OF APPLICANT

Surname:..... Initials:
First names:
Title: Marital Status:
Ethnic Group: Religion:
Correspondence Language: Citizenship:
Gender: Home Language:
Current residence (Region):.....

2. ADDRESS

Postal address:
.....
.....
Physical address:
.....
.....
Tel: Fax:..... E-mail:.....

3. CONTACT NEXT-OF-KIN IN CASE OF EMERGENCY

Full Name: Initials: Title:
Relationship:.....
Address:.....
.....
Tel/Mobile: Fax: E-mail:.....

4. TRAINING INFORMATION

Field of training at Wolwedans Desert/Nice Academy:
Hospitality CORE Levels 1 & 2 *Duration 10 months*

Applicant has to choose between the following specializations:

Food Preparation Level 3: *Duration 15 months*
Or
Food & Beverage Level 3: *Duration 15 months*



5. CHECK LIST FOR DOCUMENTATION FROM APPLICANT

	APPLICANT:	OFFICE USE:
Insert documentation here and indicate number of pages:		
Passport photo		
Letter of motivation for application only 1 page		
Curriculum Vitae		
Academic requirement: Minimum required grade 10/12 certificate		
Testimonials or letter of reference from previous employer/institution/school		
Certified copy of ID		

DECLARATION BY APPLICANT

I, (Full name of applicant) hereby, declare that all information/evidence produced for this application is my own.

.....
Signature of Applicant

.....
Date

.....
Signature of Parent/Guardian
(if under 21 years of age)

.....
Date



DECLARATION BY APPLICANT

I hereby declare,

- (a) that the particulars furnished by me above in this application form are true and correct;
- (b) that I fully understand that the Training Provider is entitled to cancel my traineeship/apprenticeship immediately, should it become apparent that any of the particulars furnished above in this application form is/are untrue or incorrect;
- (c) that I hereby agree to treat the information furnished to me in this application form, as well as information furnished to me by third parties as a result of my application for admission to Training Provider, as confidential.