

SECTION 4: PERSONAL PARTICULARS

| | | | | | |
|--|------------|--|-----------|--|--|
| Do you have an impairment or disability? | Yes | | No | | <i>(for planning purposes only)</i> |
| 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. | | | | | |
| | | | | | |
| | | | | | |
| Do you suffer from any nervous affliction or mental abnormality? | Yes | | No | | <i>(for planning purposes only)</i> |
| If 'yes' please give details of the nature, severity, date and duration of the illness. | | | | | |
| | | | | | |
| | | | | | |
| Are you a member of the following indigenous group e.g Ovahimba, San etc... | Yes | | No | | <i>(for statistical purposes only)</i> |
| If 'yes' please attach your full birth certificate and a sworn declaration from your Regional Council Office | | | | | |
| | | | | | |

SECTION 5: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS*(To be contacted in case of emergency.)*

| | | | | | | | | | |
|--|----|--------|----|----------------|-----------------|-----------|--|----------|--|
| Family relationship with the person whose particulars are supplied. | | | | | | | | | |
| Father | | Mother | | Spouse/partner | | Guardian | | | |
| Title: | Mr | | Ms | | Other (specify) | | | | |
| Surname: | | | | | | | | | |
| First Names in full: | | | | | | | | Initials | |
| I.D. No.: | | | | | | | | | |
| Home Address (next of kin/guardian): | | | | | | | | | |
| Tel No.: Work | | | | | | | | | |
| Tel. No.: Home | | | | | | Cell No.: | | | |
| Employer (next of kin/guardian): | | | | | | | | | |
| Occupation: | | | | | | | | | |
| Employer's Address: | | | | | | | | | |

SECTION 6: WORK EXPERIENCE

| Current and previous employment (If applicable) | | | |
|--|-----------|---|--|
| Please list your work experience starting with the most recent work experience: | | | |
| Employer: Company name | Job Title | Period in this position: (From - To) | Direct supervisor Name and Contact Number |
| | | | |
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| Voluntary work: Experience (If applicable) | | | |
| Describe your involvement in volunteer work. Indicate the organisation, type of project, your role (e.g. secretary) and the learning that you obtained that is relevant to your application. Give references where possible: | | | |
| Company / Organization | Role | Period involved | Reference |
| | | | |
| | | | |

SECTION 7: FORMAL STATISTICAL INFORMATION**Region of Origin (Namibian Students only)** NB: Where you were born and grew up.

| | | | | | | | | | | | | | | |
|--------|-----|--|--------------|-----|--|---------|-----|--|--------------|-----|--|--------------|-----|--|
| Karas | 200 | | Erongo | 203 | | Kunene | 206 | | Ohangwena | 209 | | Kavango East | 213 | |
| Hardap | 201 | | Omaheke | 204 | | Omusati | 207 | | Oshikoto | 210 | | Zambezi | 212 | |
| Khomas | 202 | | Otjozondjupa | 205 | | Oshana | 208 | | Kavango West | 211 | | | | |

SECTION 8: EDUCATION AND TRAINING**HIGHEST SCHOOL EDUCATION (e.g. Grade 12)**

| Highest School Qualification | Name of School | Year Obtained |
|------------------------------|----------------|---------------|
| | | |
| | | |

TERTIARY QUALIFICATIONS OBTAINED

(Please enter particulars of certificates, diplomas etc. which you have received for attending formal courses/programmes.)

| Qualification | Institution | Duration | Year Obtained |
|---------------|-------------|----------|---------------|
| | | | |
| | | | |
| | | | |

TERTIARY QUALIFICATIONS NOT COMPLETED

(Please enter particulars of certificates, diplomas etc. which you have received for attending formal courses/programmes.)

| Qualification | Institution | Duration |
|---------------|-------------|----------|
| | | |
| | | |
| | | |

CURRENT STUDIES (if applicable)

| Qualification | Institution | Duration |
|---------------|-------------|----------|
| | | |
| | | |

OTHER WORKSHOP / TRAINING / SHORT COURSES / CONFERENCES

Provide the following information on the learning you acquired via short courses, training and other workshops.

| Name of course / workshop | Institution | Date | Duration | Assessment Was any evaluation of skills & knowledge done? Yes/No If yes, please provide evidence |
|---------------------------|-------------|------|----------|--|
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**An NQA evaluation should accompany this application form, for any qualifications not obtained at UNAM.
Kindly note that an NQA evaluation takes a minimum of 30 days.**

SECTION 10: ACHIEVEMENTS

A. SPORT & CULTURE

Specify achievements, leadership positions and also the level(s) at which you have participated (school, club, regional, national):

| Activity/Position | Level/Activity |
|-------------------|----------------|
| | |
| | |
| | |

DECLARATION

I hereby declare that

- A. I have familiarised myself with the steps within and the cost of the RPL process and that I understand that the RPL process may or may not find me competent for admission on account of my prior learning for admission into or credit for Higher Education programmes of study.
- B. I accept responsibility for the prompt payment of all accounts as issued by the RPL Office.
- C. I accept that I am liable for payment of all costs irrespective of whether I am found competent or not yet competent through the RPL process.
- D. I give permission that all the documents I have included may be verified to determine its authenticity.
- E. I understand that no RPL fees are refundable.
- F. I understand that when RPL is done for admission no credit will be granted as a result of the process
- G. I understand that I need to register within two years after admission has been granted

I AGREE WITH THE ABOVE MENTIONED UNDERTAKING

| | |
|-----|----|
| YES | NO |
|-----|----|

SIGNATURE OF APPLICANT

Date

BANK DETAILS

UNIVERSITY OF NAMIBIA
FIRST NATIONAL BANK - WINDHOEK
Account number: 55500057621
Branch code: 281872
Swift code: FIRNNANX;
Fax number: +264 61 206 3704/3121

OFFICIAL DATE STAMP

FOR OFFICIAL USE ONLY:

Application form forwarded to:

Faculty

Campus:

on(date)

FOR OFFICIAL USE ONLY:

APPLICATION FEE RECEIVED: _____ RECEIPT NUMBER: _____

APPLICATION SURVEY

1. How did you hear about the University of Namibia?
 (Select all that apply)

- Social Media (e.g., Facebook, Twitter, Instagram)
- University of Namibia Website
- Online Advertisements
- Friends or Family
- Current or Former Students
- High School Counsellor or Teacher
- Trade Fairs or Career Expos
- Print Media (e.g., Newspapers, Magazines)
- Radio or Television
- Other (Please specify): _____

2. What influenced your decision to apply to the University of Namibia? (Select all that apply)

- Academic Programs
- Reputation and Ranking
- Campus Facilities
- Scholarships and Financial Aid
- Location
- Recommendations from Others
- University Events or Open Days
- Other (Please specify): _____

3. Did you attend any University of Namibia events (e.g., open days, campus tours) before deciding to apply?

- Yes
- No

4. If you used social media to learn about the University of Namibia, which platform was most helpful?

- Facebook
- Instagram
- Twitter
- LinkedIn
- YouTube

5. How satisfied are you with the information available about the University of Namibia online?

- (1 = Very Dissatisfied, 5 = Very Satisfied)
- 1
 - 2
 - 3
 - 4
 - 5

6. How did you find the application process for the University of Namibia?

- Very Easy
- Easy
- Neutral
- Difficult
- Very Difficult



APPLICATION FORM PROOF OF SUBMISSION

Full Name:

Received by:

Signature:

Application form will be forwarded to Faculty and Campus:

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OFFICIAL DATE STAMP

