



NAMIBIA TRAINING AUTHORITY

Recognition of Prior Learning

Application Form



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APPLICATION FOR A QUALIFICATION

Occupation you are seeking recognition in
(Confirm the qualification you wish to apply for e.g. Joinery and Cabinet Making Services, Front Office Operation etc.)

REQUIREMENTS:

- LEVEL 2: MINIMUM OF 3 YEARS WORKING EXPERIENCE OR EQUIVALENT
- LEVEL 3: MINIMUM OF 5 YEARS WORKING EXPERIENCE OR EQUIVALENT
- LEVEL 4: MINIMUM OF 7 YEARS WORKING EXPERIENCE OR EQUIVALENT
- A DETAILED CURRICULUM VITAE
- PROOF OF PERMANENT RESIDENCE OR WORK PERMIT
- CERTIFIED COPY OF ID

1. PERSONAL DETAILS

Surname		Initials	
Preferred Title (Mr/Mrs/Ms/Miss)			
First Name/s			
Date of Birth		Gender Male <input type="checkbox"/> / Female <input type="checkbox"/>	
Citizenship			
Age			
ID number or Passport			
Language (Mother tongue)			
Region			
Physical Address			
Telephone Numbers		Home:	Work:
		Mobile:	Fax:
Postal address			
Email address			
Any disabilities, allergies etc.			

2. CURRENT EMPLOYMENT

Are you currently employed?

YES / NO

In which industry?

Who is your current employer?

What is your current occupation?

3. EMPLOYMENT HISTORY

1. Name, Address and contact details of Employers	Period of Employment (DD/MM/YYYY)		Position Held	Full Time/ Part-time Casual
	From	To		
1.				
2.				
3.				

4. EDUCATION AND TRAINING PROFILE

Applicant must enter particulars of certificates, diplomas which you have received, including formal courses, short courses attended, in-services training, workshops etc. Attach any certified copies of your certificates/diploma relevant to a qualification applied for.

Name of Certificate/Diploma/Degree	Awarding Institution	Date of Completion	Full Time/ Part-time Casual

4. PROFESSIONAL REFEREES

Please provide names of clients, former or current employers, supervisors or any person who has worked with you and know you professionally. List the names of persons able to verify the skills you have demonstrated at your workplace.

Professional Referees relevant to work situation

1. Name Position Organisation Phone Number Mobile Number Email Address	_____ _____ _____ _____ _____ _____
2. Name Position Organisation Phone Number Mobile Number Email Address	_____ _____ _____ _____ _____ _____
3. Name Position Organisation Phone Number Mobile Number Email Address	_____ _____ _____ _____ _____ _____

DECLARATION

I declare that the information contained in this application is true and correct and that all documents are certified (where applicable).

Candidate Signature: _____

Date: _____