



NAMIBIA
TRAINING
AUTHORITY

RECOGNITION OF PRIOR LEARNING Application Form

Name & Surname:

Occupation You Are Seeking Recognition in:

(Example of trade: Joinery and Cabinet Making Services, Front Office Operation etc.)

Region (currently living in):

Town/Lodge/Camp:

FOR OFFICIAL USE

Screened By:	Name:	
Approved:	Signature:	
Not Approved:	Date:	
Reason/s if not approved:		

APPLICATION FOR A QUALIFICATION

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 AND A LEVEL 3 QUALIFICATION
- A DETAILED CURRICULUM VITAE
- CERTIFIED COPY OF ID
- CERTIFIED COPY OF ALL WORK TESTIMONIALS (VERY IMPORTANT)
- PROOF OF PERMANENT RESIDENCE OR WORK PERMIT

PERSONAL DETAILS

Surname:

Initials:

Preferred Title: (Mr/Mrs/Ms/Miss)

First Name/s:

Date of Birth:

Gender: Male ☐

Female ☐

Citizenship:

ID number or Passport:

Language (Mother tongue):

Current Physical Address:

Telephone Numbers: Home:

Work:

Mobile:

Fax:

Postal address:

Email address:

Any Special Needs, allergies etc.:

CURRENT EMPLOYMENT

Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Who is your current employer?		
What is your current occupation?		

EMPLOYMENT HISTORY

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

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

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

Name	
Position	
Organisation	
Phone Number	
Mobile Number	
Email Address	
Name	
Position	
Organisation	
Phone Number	
Mobile Number	
Email Address	
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