MINISTRY OF HEALTH AND SOCIAL SERVICES

Private Bag 13198, Windhoek, Namibia, Tel: +264 61 2032565

APPLICATION FOR FUNDING FOR UNDERGRADUATE TRAINING PROGRAMME

This application is not binding on either the Applicant or the Ministry of Health and Social Services. All Information will be treated as Confidential

Only shortlisted candidates will be Contacted.

ACADEMIC YEAR APPLIED FOR:

2	0	2	6

Closing Date For Application

30 Nov 2025

PASSPORT PHOTO OF APPLICANT (Compulsory)

Please Attach a recent Passport Photograph of Yourself

Instructions: Use block letters to complete this form where space is provided or place an X in the correct square. Incomplete applications will not be accepted. No copies will be returned to applicants, No emailed applications will be considered. Please attach Certified ID, updated CV, Grade 12 Certificate, proof of registrability of training programme, proof of admission or enrolled or registration, academic transcript if enrolled.

PART 1: ENVISAGED STUDY PROGRAMME	
1.1. Programme:	1.2.Duration:
1.3. Training Institution	
1.3. Is the study programme registrable with Health Profession Council of Namibia? YES / NO	
1.4. Do you already have funding for this programme? YES / NO	
1.5. Are you a holder of NSFAF or any other scholarship or bursary? YES / NO	
1.6. Where you awarded a MoHSS Scholarship Before? YES / NO 1.7. If Yes, Did you successfully complete the training programme? YES / NO 1.8. If answer is No, Explain Why Not?	

PART 2: PERSONAL DETAILS				
Title:	Mr	Ms	Miss	Other (specify)

Surname:						
Maiden name						
First names in full						
Postal address: (Note: Postal address of Public Institutions, eg. Ministries are unacceptable for application purposes)				Residential address:		
Mobile number						
Alternative Number						
E-mail Address						
Date of birth	Day	Month	Year	I.D No.:		
Gender	M	F		Citizenship		
Home town		Region				

PART 3: PHYSICAL CHALLENGES			
Indicate whether you are physically challenged	Yes		No
If 'Yes' please specify			
Based on your physical challenges, do you have special needs?	Yes		No
If 'Yes' please specify			
PART 4: APPLICANT'S NEXT OF KIN /LEGAL GUARDIAN PARTICULARS *(To be contacted in case of emergency)*			

Relationship with the person whose particulars are suppli				
Father	Mother	Spouse	Guardian	
Title:	Mr.	Ms	Other(specify)	
Surname:				
First names in full:				
Home address:				
Telephone No.	Home:	Work:	Mobile	
PART 5: EDUCATIONAL BACKGROUND				
SECONDARY EDUCATION DETAILS				
Name of last school attended:				
Highest grade passed:				
Year of examination:				

(A certified copy of your school leaving certificate should accompany this application)

TERTIARY EDUCATION DETAILS			
Name of Institution	Year		Qualification enrolled for / Obtained
	From	To	

PART 6: EMPLOYMENT PARTICULARS (if applicant is employed)

Name of employer	
Employment period	
Occupation	
Employer's postal address	
Employer's telephone No.	

PART 7: DECLARATION BY APPLICANT

I, _____ the undersigned hereby declare to the best of my knowledge and belief the information furnished in this application is true and correct and that if it be found to be false and misleading in any respect, this application may be invalidated and the applicant's placement withdrawn.

Signature of Applicant: _____ Date_____

DECLARATION BY PARENT/LEGAL GUARDIAN (if applicant is under the age of 21 or is a legal minor)

I agree and consent to the above-mentioned declaration by the applicant. I consent to the applicant signing the placement forms if accepted.

Signature of Parent/Legal Guardian_____ Date_____

FOR OFFICIAL USE ONLY

Accepted		Returned		Rejected		

Conditions applicable *(if any)*:

_____ _____ _____

Selection Committee Date | Date | Executive Director