



Christian Counselling & Training

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 E-mail: training@philippinamibia.com; Website: www.philippinamibia.com
 Registered TRUST NO T353/04

APPLICATION FORM

STRICTLY CONFIDENTIAL

STUDENT NUMBER:

COURSE OF STUDY

Course of study for which you wish to enrol

Course date d d / m m / y y y y

Place

PERSONAL DETAILS

Title	Mr.	Mrs.	Other (specify)														
Surname																	
First Names																	
Date of birth	d	d	/	m	m	/	y	y	y	y	Gender:	Male	Female				
ID number													Marital status	Single	Married		
													Previous last name				
Telephone Numbers (Dialling code & number)	Home												Cell				
	Work												Fax				
	E-mail																
Next of Kin	Name																
	Relationship																
	Tel:																
	Cell:																
Postal address													Residential address				
Town																	

STATISTICAL INFORMATION

Nationality												
Language												
Current Occupation												
Company Name												
Region of origin												
Church/Organisation												

EDUCATION AND TRAINING BACKGROUND

Prior Philippi or other relevant qualifications

Institution	Year	Student No.	Qualification	Awarded	
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N

Prior/Previous learning experiences/skills (with regards to the proposed course)

Language Preference

English	Excellent	Average	Poor
Reading			
Writing			
Speaking			

.....	Excellent	Average	Poor
Reading			
Writing			
Speaking			

.....	Excellent	Average	Poor
Reading			
Writing			
Speaking			

SPECIAL LEARNING NEEDS

State relevant disabilities or learning difficulties

MOTIVATION FOR ENROLLING IN THIS COURSE/TRAINING

REFERENCES

Please attach two written references, give their full names, addresses and describe their relationships to you. The first referee must be your Church Leader, the second another responsible person, (not a family member)

NAME																						
RELATIONSHIP																						
ADDRESS																						

NAME																						
RELATIONSHIP																						
ADDRESS																						

Surname

First names

Date d d / m m / y y y y

Signature of applicant