



EUREKA MEDICAL INSTITUTE  
KATIMA MULILO

NAMIBIA

Attach photo here

STUDENT NUMBER

APPLICATION FORM /CONTRACT

- Complete in clear block letter (or with an X where applicable) with black ink
- Write initials in bottom right corner of every page including Annexure A and B (to confirm that they have been read and understood)

**SECTION 1: PERSONAL DETAILS**

Title:	Mr.		Ms.		Other (specify)														
Write your names below as they appear in your national identification document/passport																			
Surname																			
First Names																			
Marital status	Single		Married		Divorced		Window(e r)		Separated										
Date of Birth	d	d	m	m	y	y	y	y	Namibian ID number									Sex	Male
																			Female
Home Language				Home Town															

If a Namibian Citizen, choose the region of origin below:

Erongo	Hardap		Karas		Kavango east		Kavango west		Khomas		Kunene
Ohangwena	Omaheke		Omusati		Oshana		Oshikoto		otjozondjupa		Zambezi

If not Namibian Citizen, please provide the following details:

Country of Origin		Passport Number		Expiry Date	d	d	m	m	y	y	y	y
Type of Permit		Permit Number		Expiry Date	d	d	m	m	y	y	y	y

<b>SECTION 2: APPLICANT'S CONTACT DETAILS</b>	
Postal Address	
Residential Address	
Cell Number	
Email	
Telephone Home	
Telephone Work	
<b>SECTION 3: COURSE/PROGRAMME WHICH YOU ARE APPLYING FOR:</b>	

First Choice		Second Choice	
Certificate in Auxiliary nursing and mid wifery	Diploma in general nursing and mid wifery	Short Course	
Mode of Study	Full Time		
What is your application to the EUREKA MEDICAL INSTITUTE based on? (Applicants applying with non-EMI academic qualifications or foreign qualifications should provide NQA evaluation letter. Syllabus of non-EMI qualification should also be attached.)			
Grade 12 Results	Mature Entry	Other Qualifications	

**SECTION 4: SCHOOL LEAVING QUALIFICATIONS:**

Name of last school attended or current school			
Highest Grade Passed	Year of Examination		
Examination Authority	Candidate Number		
Furnish results of latest examination available: Current grade 12 learners must indicate their august results: A certified copy of results must accompany this form.			
Subject	Level: NSSC, (H), NSSC (O), HIGCSE, IGCSE, HG, SG	Symbol	points

**SECTION 5: OTHER EDUCATIONAL QUALIFICATIONS ALREADY OBTAINED:**

- Attach certified copies of qualifications obtained and transcripts.  
 .....

Where appropriate, include professional qualifications					
Name of college/university	City, Country	Start Date	End Date	Qualification	Overall Class/Grade/GPA


**SECTION 6: OUTSTANDING RESULTS (if applicable):**

Any examination(s) taken for which you are awaiting results:	Date
Any examination(s) you intend to take before registering for a programme at EMI:	Date

**SECTION 7: ENGLISH LANGUAGE PROFICIENCY**

A. What was your medium of instruction at school?
B. What is your home language?
If the answer to either A or B is not English, provide details of any course completed/exams passed in the use of English.

**SECTION 8: EMPLOYMENT (if applicable):**

Name, Nature and Address of Employer (State Country if outside Namibia)			
State Date		End Date	
Position held			
Main Duties Involved			
Name, Nature and Address of Employer (State Country if outside Namibia)			
State Date		End Date	
Position held			
Main Duties Involved			

SECTION 9: HEALTH EXAMINATION ARRANGEMENTS

Do you suffer from any disabilities? If yes, please specify below,	Yes	No
Do you suffer from any illness? Please specify		

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Describe your academic interest and reasons for why you want to become a nurse. Detail your career objectives. Outline any other relevant experience including attendance at specialist internships or short courses.

**SECTION 10: APPLICANTS NEXT OF KIN/LEGAL GUARDIANS PARTICULARS**

Please supply the details of someone who can be contacted in case of an emergency.

What is your relationship to the person?				Mother	Father	Spouse	Guardian
Title:	Mr.	Ms.	Other	Name & Surname:			
ID number				Cell number			
Postal Address							
Home Address							
Occupation				Name of Employer			
Employers Address							

**SECTION 11: FUNDING IF ANY**

Provide full name and address of person/Company responsible for the payments of your fees.

Full name or name of company	
Postal Address	
Email Address	
Cell Phone Number	
Telephone Number	

**SECTION 12: CHECKLIST**

Please read the following carefully before sending your application to us.

This duly completed form must be submitted to the **EMI ACCOUNTS OFFICE**. To ensure your application is complete please tick the checklist below of items you must attach to this form.

tick	Item
	1. Certified copies of your ID/ passport or Birth certificate
	2. One recent passport photo
	3. Certified copies of all your academic certificate(s) results
	4. Evidence of payments <ul style="list-style-type: none"> <li>For diploma in Enrolled Nursing and Midwifery, certificate in Auxiliary nursing. the normal academic application fee of N\$ 150.00 or late application fee of N\$ 200.00</li> </ul>
	5. Successful candidates <ul style="list-style-type: none"> <li>student card fee of N\$ 100.00</li> </ul>
	6. Do you drink alcohol, smoke or take any psycho-active element?

**Please note that none of these fees are refundable under any circumstances.**

**SECTION 13: SPONSOR'S AGREEMENT**

In case a student is under sponsorship his/her sponsor and/or employer etc. is requested to complete the following: This is to certify that the above-mentioned person shall be sponsored by:

Name \_\_\_\_\_ and I/we hereby agree to pay the fees as agreed upon by the director of **EUREKA MEDICAL INSTITUTION**.

I.D. Number: \_\_\_\_\_  
(Please attached copy)

***I/WE ALSO AGREED THAT FEES ONCE PAID ARE SUBJECT TO THE ATTACHED REFUND POLICY***

Student's sponsor signature

\_\_\_\_\_

**SECTION 14: DECLARATION TO BE SIGNED BY THE PROSPECTIVE STUDENT**

**DECLARATION BY THE STUDENT**

I \_\_\_\_\_ hereby agree to abide by all the rules and regulations of this INSTITUTE, and any amendments thereto, as spelt out clearly in the **EUREKA MEDICAL IINSTITUTE** rules and regulations and accept any liability that may arise from contravening or breaking any of these rules. I/we also understand that this enrolment contract is accepted on the clear understanding that it cannot be cancelled once the course has started unless otherwise.

Signed \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ month of the year 20 \_\_\_\_\_

**Our banking details are as follows:**

**Eureka Medical Institute services.**

**Account no: FNB 64280155580.**

**Branch: Katima 280475.**

**Swift Bic Code: FIRNNANX.**