



# MINISTRY OF HEALTH AND SOCIAL SERVICES

Private Bag 13198, Windhoek, Namibia, Tel: +264 61 203 2749 / 2504 , Fax No. +264 61 222558  
office No 2E04, 2<sup>nd</sup> Floor MOHSS Head office.

## APPLICATION FOR MEDICAL ORIENTATION 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	3
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Closing date for application  
**05 May 2023**

PASSPORT PHOTO OF APPLICANT (Compulsory)

Please attach a recent passport photograph of your self

**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. All certified documents will be filed; no copies will be returned to applicants. **No faxed applications will be considered.**

### PART 1 ORIENTATION : PROGRAMME

Failed HPCNA Pre-internship Examination	Yes	No	
First time enrolling in Orientation programme	Yes	No	

### PART 2: PERSONAL DETAILS

Title:	Mr.		Ms		Dr.		Other (specify)	
Surname:								
Maiden name								
First names in full								
Postal address: (Note: Postal address of Public Institution, eg. Ministries are unacceptable for application purposes, since correspondence may be mailed to you to this address and might get lost.)	Residential address:							
Telephone number								
Mobile number								
E-mail address								



**To be contacted in case of emergency**

Family relationship with the person whose particulars are supplied

Father		Mother		Spouse			Guardian		
Title:	Mr.		Ms		Others (specify)				
Surname:									
First names in full:									
I.D. No.:									
Home address:									
Telephone No.	Home:			Work:			Mobile:		

**TERTIARY EDUCATION**

Name of institution	Year		Qualification obtained or enrolled for
	From	To	

**HPCNA Pre – internship Examination Results**

Yes	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be found to be false and misleading in any respect, this application may be invalidated and the applicant’s placement withdrawn.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: .....

**FOR OFFICIAL USE ONLY**

Accepted

Returned

Rejected

Conditions applicable (*if any*):\_\_\_\_\_  
Program Administrator\_\_\_\_\_  
Date\_\_\_\_\_  
Executive Director\_\_\_\_\_  
Date**Support documents (*certified copies*)**

- Namibian ID
- Tertiary Education Certificate (Degree/Diploma) & Translated documents
- HPCNA Registration (as student)
- Bank confirmation Letter
- Pre-internship Examination results