



MINISTRY OF HEALTH AND SOCIAL SERVICES

Private Bag 13198, Windhoek, Namibia, Tel: +264 61 203 2700 / 2538 / 2748, Fax No. +264 61 222558

APPLICATION FOR DENTAL ORIENTATION PROGRAM

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
Closing date for application
30 June 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			
HPCNA Pre-internship Evaluation results attached	Yes	No	
First enrollment to the Dental Orientation Program	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 this application)	Residential address:		
Telephone number			
Mobile number			
Fax number			

E-mail																																										
Date of birth																						I.D No.:																				
Gender	M	F		Marital Status		Single		Married		Citizenship																																
Home town																	Region																									

PART 3: DISABILITY

Indicate whether you have a disability	Yes		No	
If 'Yes' please specify				
Based on your disability, 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)

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	

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 <i>(if any)</i> :					
_____	_____	_____	_____	_____	_____
Program Administrator	Date	Executive Director	Date		

Support documents (certified copies)

- **Namibian Identification Document (ID)**
- **Tertiary Education Certificate (Degree/Diploma)**
- **HPCNA Registration (as student in practical training)**
- **Bank confirmation Letter**