



MINISTRY OF HEALTH AND SOCIAL SERVICES

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

Office number 2E 13 (East wing 2nd Floor), MoHSS Ministerial building

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	5
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**Closing date for application
16 December 2024**

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. Eligible applicants are limited to registered students in practical trainings. All certified documents will be filed; no copies will be returned to applicants. **No faxed applications will be accepted**

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 address																				
Date of birth	d	d	m	m	y	y	y	y	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:				

Part 5 :TERTIARY EDUCATION

Name of institution	Year		Qualification obtained or enrolled for
	From	To	

PART 6: EMPLOYMENT HISTORY

Indicate whether you were employed before	Yes	No	
If 'Yes' Attached proof			
Name of Employer	Year		Duty station
	From	To	

PART 8.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) in English**
- **HPCNA Registration (as student in practical training)**
- **Bank confirmation Letter**
- **NAMRA registration**