



MINISTRY OF INDUSTRIALIZATION AND TRADE

APPLICATION FORM FOR TRAINING IN GEMSTONE CUTTING AND POLISHING

FINANCIAL YEAR: 2021/ YYYY

PLEASE NOTE:	<p>1. This form must be completed in ink by the applicant in his or her own handwriting and, attach certified copies of required documents.</p> <p>2. Completed application forms can be submitted in all Ministry's regional offices, or emailed to EmpretecNamibia@Mit.gov.na</p> <p>3. Please ensure that all required information is provided and attached to the Application form to enable the Ministry to make an informed decision.</p>
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1. PERSONAL DETAILS	
a) First Names:	b) Surname:
c) Identity No:	d) Date of Birth: DD – MM – YYYY
e) Citizenship:	f) Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
g) Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/> Specify:	
h) Postal Address:	i) Physical Address
j) Tel/Cell: Alt Cell:	k) Email address:
l) Do you have any disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details on the nature of your disability:	
m) Have you ever been convicted of criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, provide details:	

2. EDUCATION AND EMPLOYMENT HISTORY	
a) Highest qualification obtained:	Year obtained:
b) Have you ever worked in the Gemstone or related industries? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following: (1) Employer..... (2) Position..... (3) Duration:	
c) Do you belong to any cooperative or association or other group? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:	
d) Have you attended any Gemstone cutting and polishing training before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:	

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 e) How long was the training? 0 –1 month 2–3 months 4–6 months more than 6 months
 N/A

3. ATTACHMENTS TO THE APPLICATION

- a) Certified Copy of Identification Document
- b) Certified Copy of the Highest Qualifications obtained
- c) Testimonial Letter: Previous School/Former Employer/Councillor/Community Leader/Other
 (specify).....

4. DECLARATION

I hereby, declare that **ALL** the information provided in this application form is complete and correct.

I hereby, acknowledge that if **ANY** of the information provided in this application form is found to be incomplete and/or incorrect, my application may be disqualified.

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 Signature Date

Official use only

Particulars and attached documents certified correct

.....
 Signature Rank Date

Accepted/Not Accepted

.....
 Signature Rank Date