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PASSPORT
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INTERNATIONAL TRAINING COLLEGE - LINGUA

Towards Educational Excellence



NCHE Reg No: R0014
NQA Accreditation No: 000244

APPLICATION FORM

FOR OFFICE USE

Student Number:
NQF Level:
Recommendations:
RPL/12/10/
Mature Age Entry
Loan/ Bursary
Self Funded:

Date letter sent:
HOD Signature:
Admin Signature:
Date captured:
Date called

Academic Year Applied for:

Mode: Fulltime Part-time Distance

Intake: January June

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- Certified copy of ID or Passport
- Certified copy of last Academic records
- Curriculum Vitae
- 1 Passport Photos

COURSE CHOICE

First Choice:

Second Choice:

Third Choice:

PERSONAL DETAILS

Title: Surname: First names: Initials:
Gender: Country: Date of Birth: ID/Passport No:

CONTACT DETAILS

Cell: Email: Region of Birth

Residential Address: Postal Address:

HOME LANGUAGE: Marital Status:

GUARDIAN

Cell: Email:

Residential Address: Postal Address:

HIGHEST QUALIFICATION OBTAINED

Name of Institution/School:

Region: Qualification: Year Obtained:

EMPLOYMENT STATUS (if applicable)

Name of Employer: Occupation:
Postal Address: Telephone:

PAYMENT

Name of Institution or Person responsible for payments: Relationship:
Employer Name: Cell No: Region:
Residential Address: Email:

PHYSICAL CHALLENGES

Indicate whether physically challenged: Yes No

If answer is yes, please mark (X) on the challenge you are experiencing.

Blind/Visually Impaired Deaf Wheelchair bound

Other (Please specify)

HOW DID YOU HEAR ABOUT US?

Newspaper: Word of mouth: Website: Facebook: Flyer/Brochure: Presentation at School/Company:

Other (please specify):

Do you have access to the following (tick): Computer Cellphone Internet

COLLEGE DETAILS

Physical Address:

961 Hosea Kutako Drive (Opposite Pionierspark Cemetery) Windhoek-West.
P. O. Box 50097, Bachbrecht; Windhoek, Namibia

Tel: +26461-301032/3/4/5 | Email: info@collegelingua.com | Website: www.collegelingua.com

Banking Details

Account Name: Lingua Consultancy Services
Bank: First National Bank
Branch: FNB Corporate
Account type: Cheque/Platinum Business Account
Branch Number: 28 18 72
Account Number: 62034752320
Swift Code: FIRNNANX
Reference: Full name and surname

Office Hours

1. For Enquiries
Mondays to Fridays
07:00 – 17:00

2. For Payments
Mondays to Fridays
07:00 – 17:00

DECLARATION

DECLARATION BY STUDENT IF OLDER THAN 21 YEARS OF AGE:

I, _____ (NAME IN FULL of the Applicant/Student) hereby declare that I fully understand and accept the conditions as set by International Training College-Lingua. Furthermore, I fully understand that no refunds will be done on payments made and that I will be fully liable for all fees. I therefore undertake personally to the College to fulfill all the financial obligations to International Training College-Lingua. I also declare not to have any claim against International Training College-Lingua/Lingua Consultancy Services or any Staff member in case of loss of life, property and/or injury sustained.

Signature: _____ Date: _____
(Applicant/Student)

DECLARATION BY PERSON RESPONSIBLE FOR PAYMENT:

I, _____ (NAME IN FULL of Parent/Legal guardian of Applicant/Student) hereby declare that I fully understand and accept the conditions as set by International Training College-Lingua. Furthermore, fully understand that no refunds will be done on any fees paid and that I will be fully liable for all fees.

I, the undersigned _____ (the Parent/Legal guardian of the Applicant) commit myself to comply with the stipulations of International Training College-Lingua on this document, and I undertake personally to fulfill all the financial obligations of the Applicant/Student to International Training College-Lingua in respect of the period that the Applicant/Student will still study at International Training College-Lingua.

I also declare not to have any claim against International Training College-Lingua/Lingua Consultancy Services or any Staff member in case of loss of life, property and/ or injury sustained.

Signature: _____ Date: _____
(Applicant/Student)

Signature: _____ Date: _____
(Parent/Guardian)

Signature: _____ Date: _____
(Witness)

Signature: _____ Date: _____
(ITCL Staff member)

DECLARATION BY THE APPLICANT

I do hereby:

1. Acknowledge that I understand the provisions of the declaration of this contract and hold myself bound thereby; and all other provisions of this registration, and by the rules and procedures of International Training College–Lingua for the period they are in force and acknowledge that they may be altered, during the period that I am a registered student.
2. Understand that I am responsible to ensure that I am enrolled for the correct level, course, mode of study & modules.
3. Acknowledge that I have familiarized myself with the prospectus of the relevant programs and certify that the information given by me in this form is accurate and complete in all respects.
4. Hold myself responsible for the total payment of tuition fees, notwithstanding the fact that my employer/sponsor has undertaken to pay full tuition fees thereto;
5. Agree that International Training College–Lingua shall be entitled to recover from me all legal costs incurred in order to enforce its right under this contract, including, but not by way of limitation, attorney and own client fees and collection charges and all tracing charges.
6. Fully understand that there will be No Refund on any payments made.
7. Monthly installments must be paid on the last day of each month. Failure to pay before the grace period, which is until the 4th of each month, will result in a 10% monthly interest fee and the student will not be allowed to attend classes unless the fees are updated.
8. Accept that a statement issued by International Training College–Lingua Accounts Department shall be proof of full amount owing for the purposes of legal proceedings.
9. Accept that whilst a student at International Training College-Lingua, my child/I as a student may participate in events, activities or other situations where College representatives take photographs or video recordings of my participation (“Events”)
10. I understand that by signing this form, I am giving my permission to the College to take and use photographs, video and/or audio (“recordings”) and use the recordings subject to the terms and conditions below:
11. I hereby give International Training College-Lingua permission to;
 - a. Take photographs of me/my child and/or to record my/my child’s name, title, voice, image, and likeness in connection with myself/my child’s participation in College Events; and
 - b. Use myself/my child’s name, title, voice, image, and likeness in connection with the recordings for the purposes set forth in paragraph (a).
12. In connection with my grant of permission pursuant to paragraph (11 a) above, I understand that International Training College-Lingua may use the recordings for the purpose of the College’s education, marketing, alumni, and fundraising activities in any media to include: magazines, newspapers, trade journals, annual reports, booklets, pamphlets, newsletters, advertisements, and other promotional materials; classroom and online course materials; the College Website and its related social media sites.
13. The College has no obligation to pay me/my child a fee or royalty regarding the use of the recordings consistent with point 11(a) & 11(b) above.
14. A Minimum of 12 (full-time and part time) students is required for face to face classes
15. Understand that accreditation for some programs is still in progress and therefore register voluntarily

Name of Applicant: _____ ID/Passport number: _____

Signature of Applicant: _____ Date: _____

Name of Witness: _____ Signature of Witness: _____

Signature of Sponsor/Employer: _____ Date: _____

Name of Sponsor/Employer (If applicable): _____