



## REPUBLIC OF NAMIBIA

### MINISTRY OF ENVIRONMENT AND TOURISM

#### APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR QUALIFYING TRAINING

**Important: It is the responsibility of the applicant to ensure that the document is filled out correctly; contains all the necessary signatures and is accompanied by all the relevant documents. Incomplete forms will be returned to the applicant. The Ministerial Fellowship Committee will only attend to complete applications.**

#### 1. Details of staff member

(Please complete in Capital Letters)

Surname: .....  
Name(s): .....  
I D Number: .....  
Position: .....  
Directorate: .....  
Division: .....  
Sub Division: .....  
Salary number: .....  
Telephone number (W): ..... (Cell): .....

#### 2. Study Details

Course (e.g Degree / Diploma / Certificate) Title: .....  
.....  
Duration of the course: (Starting year)..... (Ending year).....  
Date of registration: .....  
Institution: .....  
Address of Institution: .....  
.....  
Telephone number of the institution: .....  
Fax number of the institution: .....

**Bank details of institution**

Bank: .....  
Branch: .....  
Account No: .....  
Town: ..... Country: .....

**3. Financial Implications** (attach certified copies of provisional registration/ Quotation of course / relevant statements / statement of results where applicable)

Registration fees: ..... N\$ .....  
Tuition fees: ..... N\$ .....  
Sponsored portion (deduct if applicable): ... N\$ .....  
Total amount applied for..... N\$ .....

**4. General (Indicate “not applicable” where irrelevant)**

**4.1 Why are you undertaking this course?**

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**4.2 How relevant is the course to your current responsibilities?**

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**4.3 State the main duties that you are performing in your current position at your Directorate/Division?**

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**4.4 Have you received any financial assistance for your course from another institution?**

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**If yes, state the name of the institution/Sponsor and how much you are receiving: .....**

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**4.5 Why will this course be of value or benefit to you, your Directorate or Division?**

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**Signature of Staff member** **Date**

**5. To be completed by the immediate supervisors of the staff member**

**Supported / not supported by immediate Supervisor**

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**Name, Rank and Signature: Supervisor** **Date**

**Recommended / not recommended**

Comment: (indicate whether funds are available and from which budget vote)

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**Name and Signature of Head of Cost centre/budget holder** **Date**  
**Recommended / not recommended**

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**Signature: Deputy Director** **Date**

**Recommended / not recommended**

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**Signature: Director**

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**Date**

(Send the form to the Training Office for submission to the Ministerial Fellowship Committee for further processing.)

**Recommended / not recommended / Recommended as Amended by the Ministerial Fellowship Committee (MFC)**

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**Chairperson: MFC**

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**Date**

**Approved / not approved**

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**DR K SHANGULA**  
**PERMANENT SECRETARY**

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**Date**