



# Oshigambo Secretarial Skills Training Programme

## Reference Form

This form must be completed in an official language by your Employer, Pastor, Former teacher or Principal.

This form is intended to serve as a reference for (Applicant's Name)

..... to be admitted to the Oshigambo Secretarial Course. Please respond to the questions and statements as completely and honestly as possible. Thank you very much for your co-operation.

- 1. Please give a brief description of the character of the applicant.

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- 2. Vacancies in this course are limited. Why do you think the applicant should be admitted to the programme?

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- 3. To your knowledge, has the applicant has any problems with alcohol, drugs or absence due to illness?

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**Send this form to:**  
**Oshigambo Secretarial Skills Training Programme**  
P. Bag 2026  
Ondangwa  
Tel/Fax: 065 264401  
Email: [info@oshigambohighschool.com](mailto:info@oshigambohighschool.com)

**NB:** Please N\$30.00 Non-refundable fee for administration purposes.