



*(Established under the Technical Education, Vocational and Entrepreneurship Training Act No. 13 of 1998 and the TEVET (Amendment) Act No.11 of 2005*

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## **APPLICATION FOR FIRST REGISTRATION AS A TEVET INSTITUTION**

### **INSTRUCTIONS**

1. *Institutions<sup>1</sup> applying for registration to provide Technical Education, Vocational and Entrepreneurship Training (TEVET), should complete this form in full and forward it to:*

The Director General  
Technical Education, Vocational and Entrepreneurship Training Authority (TEVETA)  
Birdcage Walk, Longacres  
Private Bag RW 16X  
LUSAKA.

2. This Form must be completed in **BLOCK LETTERS**.
3. Applicants should forward **all** the listed documents with their application. An application **will not** be processed if **any** of the required documents is not provided.
  - 3.1 *Certificate of Incorporation/Registration of a Business Name/Society;*
  - 3.2 *List of Proprietors, Board Members or Directors (stating their contact addresses, dates of birth, nationality, qualifications and work experience);*
  - 3.3 *Curriculum of the courses to be offered;*
  - 3.4 *Name and profile of an official who will be held accountable for training quality assurance;*
  - 3.5 *Detailed CVs of instructional and administrative staff with copies of qualifications;*
  - 3.6 *A sworn affidavit/declaration that the proprietor, board members or any member of the instructional staff have never been declared bankrupt or found guilty of any criminal offence;*
  - 3.7 *A sketch showing the location of the institution;*
  - 3.8 *Details of three referees (one of whom should be the current banker) who can independently be contacted by the Authority to provide testimony on the eligibility of the applicant to provide quality training that is nationally recognized.*
  - 3.9 *Three (3) months Bank Statement with a Minimum Bank Balance of not less than K5Million*
  - 3.10 *Evidence of compliance with National Pension Scheme Authority and Zambia Revenue Authority*
  - 3.11 *Three (3) year Strategic Plan*
  - 3.12 *Lease agreement or proof of ownership of training premises*
  - 3.13 *Report or Letter of change of use of premises from the Local Authority*
  - 3.14 *Report or letter of approval from the local Authority in the case of Boarding Houses*

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<sup>1</sup>“Institution” means any organization or premises by or at which regular instruction relating to technical education, vocational and entrepreneurship training is provided or from which such instruction emanates, whether by distance learning or otherwise, and shall include a private institution and an aided institution.

All Sections must be completed and those not applicable must be indicated "NA".

**SECTION A: PARTICULARS OF THE INSTITUTION**

(i) Name of Institution applying for registration:

\_\_\_\_\_

(ii) Physical Address:

\_\_\_\_\_

P.O. Box: \_\_\_\_\_

(iii) Tel. No. \_\_\_\_\_ Fax: \_\_\_\_\_

(iv) E-mail: \_\_\_\_\_

(v) Type of ownership: Govt.  Trust  Church

NGO/Community  Company  Private-for-Profit

*(tick as appropriate and provide supporting documents)*

Other (specify): .....

Funds Available: \_\_\_\_\_

*(Please provide a three-month' bank statement, and a 12 month Cash-flow forecast)*

Banker's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the proposed date for commencing training: \_\_\_\_\_

Give a sketch map of where the institution is located.

## SECTION B: PROPRIETOR IDENTIFICATION DETAILS

- (i) Title: Prof/ Dr / Mr / Mrs / Miss *(Please circle the appropriate)*
- (ii) Full Names of Proprietor: \_\_\_\_\_
- (iii) Occupation: \_\_\_\_\_
- (iv) Passport/National Registration Card Number: \_\_\_\_\_
- (v) Residential Address: Plot and Street No:  
\_\_\_\_\_  
\_\_\_\_\_
- (vi) Postal Address: \_\_\_\_\_  
\_\_\_\_\_
- (vii) Telephone/Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_
- (viii) E-mail Address: \_\_\_\_\_

## SECTION C: PRINCIPAL'S DETAILS

- (i) Title: Prof/ Dr / Mr / Mrs / Miss *(Please circle the appropriate)*
- (ii) Full Names: \_\_\_\_\_
- (iii) Gender : Male or Female *(Please circle the appropriate)*
- (iv) Passport/National Registration Card Number: \_\_\_\_\_
- (v) Date of Birth: \_\_\_\_\_
- (vi) Nationality: \_\_\_\_\_
- (vii) If non- Zambian, what is your status in Zambia \_\_\_\_\_
- (viii) Work Permit Validity: \_\_\_\_\_

### Qualifications

- (ix) Academic Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(x) Professional Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(xi) Teaching Experience (with dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(xii) Management Experience (with dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(xiii) I declare that I have not managed or owned an institution which was closed by TEVETA before.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



## SECTION E: FACILITIES

- 1 (i) State whether the premises on which training is to be carried out are Rented or owned. \_\_\_\_\_
- (ii) If rented/leased, please provide a copy of the rental/lease agreement.
- (iii) If owned, please provide a copy of the first page of the title deeds.

2. What is the electricity power source for the whole institution?

Diesel Generator \_\_\_\_\_ National Grid/ZESCO \_\_\_\_\_ Solar \_\_\_\_\_ None \_\_\_\_\_

3. State the type of water supply: Bore Hole \_\_\_\_\_ Council Water \_\_\_\_\_

If other, specify: \_\_\_\_\_

4. Has the institution got a well-stocked library, with materials relevant to the training needs of the students? YES/NO

\_\_\_\_\_

(a) Number of Titles: \_\_\_\_\_

(b) Number of Volumes: \_\_\_\_\_

(c) Service hours per Week: \_\_\_\_\_

### Classrooms

5. Are the premises originally designed to be a training centre? YES / NO

If not, have you acquired approval from the council to change the use of the premises to a training centre? YES / NO

Provide copy of evidence

6. How many classrooms are available for all the courses to be offered? \_\_\_\_\_

7. What is the average sitting capacity of the classrooms? \_\_\_\_\_

8. Have the classrooms got a fixed white/chalk board or movable white board?

\_\_\_\_\_

9. What other teaching resources does the Institution have in its possession?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Are the classrooms well cross-ventilated and lit? \_\_\_\_\_

11 Are there toilet facilities for both Male and Female students in the classroom area?

YES / NO \_\_\_\_\_

State how many: \_\_\_\_\_

### **Workshops/Laboratories**

12. What are the sitting capacities of workshops/laboratories?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Are there toilet facilities for both Male and Female students in the workshops/Laboratories area?

YES/NO \_\_\_\_\_

State how many: \_\_\_\_\_

14. Do your workshops/laboratories accommodate both working benches and power machinery?

YES/NO \_\_\_\_\_

If NO, please explain \_\_\_\_\_

\_\_\_\_\_

### **Hostels and Offices**

15. Total Number of hostel rooms available \_\_\_\_\_

16. Will the institution admit both female and male students? If so, how are the hostels located? Please explain.

\_\_\_\_\_

\_\_\_\_\_

17. What is the number of toilets and bathrooms?

Gender	Number of	
	Toilets	Bathrooms
Female		
Male		

18. Give the metric dimensions of the following:

	Length	Width	Height	Floor Type (e.g. screed, tiled)
Office Blocks				
Workshops				
Laboratories				
Kitchen				
Classrooms				
Dining Rooms				
Hostels				
Toilets and bath Rooms				

### **Equipment and Tools**

19. List the equipment/tools available for training per course.

*(NB. Provide separate attachment if space is not adequate)*

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### **Examination Facilities**

20. Is there storage facility for examinations e.g. safe or strong room?

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## **SECTION F: FINANCING**

**Tick the Sources of income that the Institution has:**

Student fees

Production Unit

Other (specify) .....





## SECTION H: SAFETY, HEALTH AND ENVIRONMENT

*Please Provide Safety Policy to support your response below.*

1. Are safety guards fitted to the training machines? YES/NO \_\_\_\_\_
  2. Are operating instructions of machines well displayed? YES/NO \_\_\_\_\_
  3. Are safety regulations well displayed and will the students be made aware of them?  
YES/NO \_\_\_\_\_
  4. Is there a fully stocked First Aid Box in place? YES / NO \_\_\_\_\_
  5. Are there sufficient serviced fire hydrants fitted on the premises?  
\_\_\_\_\_
  6. How frequent are such fire hydrants serviced?  
\_\_\_\_\_
  7. Do your premises have well displayed fire escape paths, fire assembly points?  
YES/NO \_\_\_\_\_  
If NO, what security measures are in place  
\_\_\_\_\_
  8. Do you have a valid fire certificate from the Local Authority?  
YES/NO (provide a copy)
- 

## SECTION I: DECLARATION

I hereby declare that the information provided above is, to the best of my knowledge, accurate and complete.

**NAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SECTION J: FOR OFFICIAL USE ONLY**

Date of application received: \_\_\_\_\_

Verifications with the following agencies:

**COMMENTS**

Central Criminal Registry \_\_\_\_\_

High Court Registry \_\_\_\_\_

Titles and Deeds Registry \_\_\_\_\_

Registrar of Companies \_\_\_\_\_

Local Authority \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Application Received by: \_\_\_\_\_

Desk Evaluation carried out by: \_\_\_\_\_

Desk Evaluation Successful/Not Successful: \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_