



(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 RENEWAL OF REGISTRATION AS A TEVET INSTITUTION

INSTRUCTIONS

1. Institutions¹ applying for renewal of 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 attach the following documents if there have been changes since the last application.
 - 3.1 List of Proprietors, Board Members or Directors (stating their contact addresses, dates of birth, nationality, qualifications and work experience);
 - 3.3 Syllabi of all the new programmes 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 Current Audited Financial Statements, Six months Bank Statement, Twelve-Month projected Income and Expenditure,
 - 3.8 Three (3) year Strategic Plan
 - 3.9 Lease agreement or proof of ownership of training premises
 - 3.10 Evidence of compliance with National Pension Scheme Authority and Zambia Revenue Authority
 - 3.11 Report or Letter of change of use of premises from the Local Authority if applicable

Revised – April 2012

¹ “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: INSTITUTION DETAILS

- (i) Name of Institution applying for renewal of registration:

- (ii) Physical Address: _____
P.O. Box: _____
- (iii) Tel. No. _____ Fax: _____
- (iv) E-mail: _____
- (v) Type of ownership: Govt. Trust Church NGO
Company Community Private-for-Profit
(Tick in the appropriate box)
- Other (specify): _____
- (vi) Funds Available: _____
(Please provide a six month' bank statement)
- (vii) Banker's Name and Address:

SECTION B: PROPRIETOR IDENTIFICATION DETAILS

- (i) Title: Title: Prof/ Dr / Mr / Mrs / Miss *(Please circle the appropriate)*
- (ii) Full Names of Proprietor: _____
- (iii) Passport/ National Registration Card Number: _____
- (iv) Occupation: _____
- (iv) Residential Address: Plot and Street No:

- (v) Postal Address: _____

- (vi) Telephone/Fax: _____
- (vi) E-mail: _____

SECTION C: PRINCIPAL, TRAINING MANAGER '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) Professional Qualifications: _____

- (x) Teaching Experience (with dates): _____

- (xi) Management Experience (with dates): _____

SECTION G:

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?

Date of the last Service_____

7. Do your premises have well displayed fire escape paths, fire assembly points?

YES/NO

If NO, what security measures are in place

SECTION H: CHANGES TO PREVIOUS REGISTRATION DETAILS

Submit details of any changes to the following:

- (i) **FACILITIES**
- (ii) **LOCATION OF THE INSTITUTION**
- (iii) **CHANGE OF NAME OF THE TRAINING INSTITUTION**
- (iv) **CONSTRUCTION OF MORE TRAINING FACILITIES : CLASSROOMS, TOILETS**
- (v) **LIBRARY**

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 _____

Date Institution Inspected: _____

Inspection carried out by: 1. _____

2. _____

Registration Renewal Approved/Not Approved. _____

Name: _____

Position: _____

Date: _____