



(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 ADDITIONAL PROGRAMMES

INSTRUCTIONS

1. *Institutions¹ 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 the listed documents with their application for additional programmes. An application will not be processed if any of the required documents is not provided.
 - 3.1 *Curriculum of the courses to be offered;*
 - 3.2 *Detailed CVs with copies of qualifications for the lecturing staff for the programmes being applied for;*
 - 3.3 *A sketch showing the location of the institution if the location will be different;*
 - 3.4 *Report or Letter of change of use of premises from the Local Authority if applicable*
 - 3.5 *Report or letter of approval from the local Authority in the case of Boarding Houses if applicable*

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 registration:

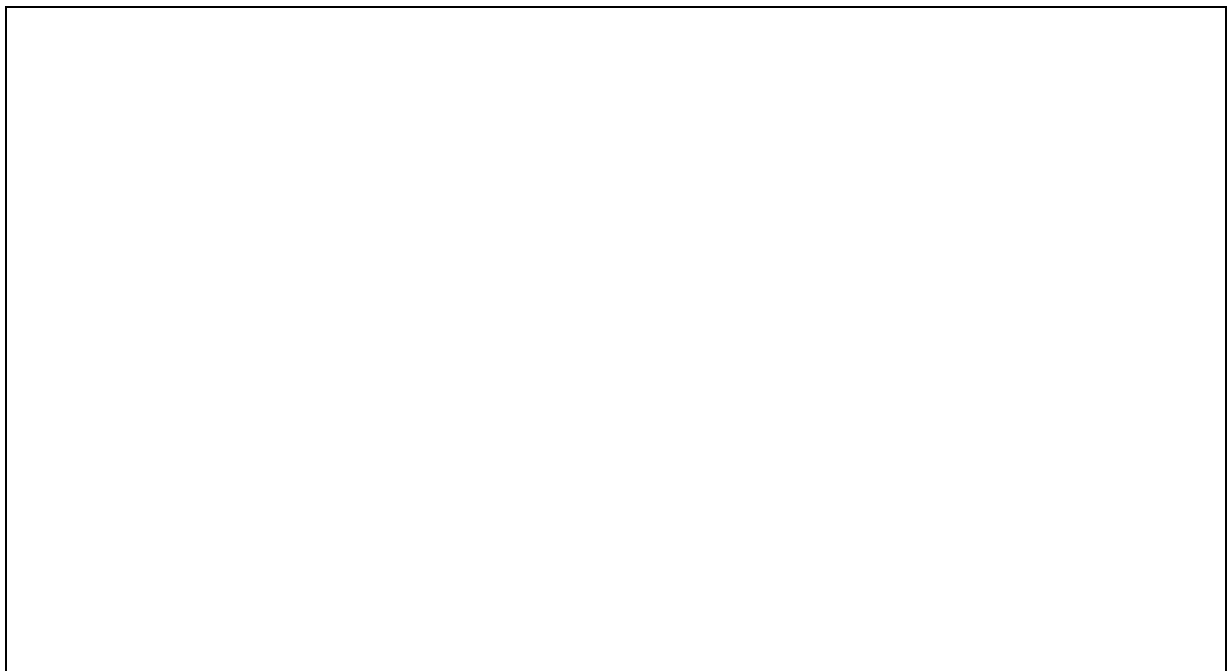
(ii) Physical Address:

P.O. Box: _____

(iii) Tel. No. _____ Fax: _____

(iv) E-mail: _____

Give a sketch map of where the institution will be located.



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: _____

Application Received by: _____

Desktop Inspection carried out by: _____

Desktop Evaluation Successful/Not Successful: _____

Name: _____

Position: _____

Date: _____