

(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. <u>An application</u> 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

)	Name of Institution applying for registration:				
i) Physical Address:					
	P.O. Box:				
ii)	Tel. No	_ Fax:			
v)	E-mail:				

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

SECTION B: PROGRAMME/COURSE PROFILE FOR PROGRAMMES BEING APPLIED FOR

COURSES TO BE OFFERED	Proposed Mode of Training (e.g. Full- Time, Part-time, Distance Learning)	Entry Qualification	State level of qualification (Trade Test, Technician)	Proposed Duration and Number of hours per course	Examination Board

SECTION C: LECTURING STAFF

INFORMATION ON THE LECTURING STAFF WHO WILL CONDUCT TRAINING IN THE PROGRAMMES

[Provide (i) separate attachment if space is not adequate (ii)Detailed CVs and certified photocopies of the qualifications]

NAME OF LECTURING STAFF	TEACHING COURSE(S)	QUALIFICATIONS		WORKEXPERIENCE
		Professional	Teaching	

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: