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THE TEACHING COUNCIL OF ZAMBIA

STUDENT TEACHER'S REGISTRATION/ INDEXING APPLICATION FORM

1. PARTICULARS OF THE INSTITUTION *(write or tick where necessary)*

S/n	Particulars of Institution	Please Complete
1.1	Name of Institution	
1.2	Status of Institution <i>(Tick appropriate)</i>	Early Childhood
		Primary
		Secondary
		College of Education (combination)
		University College of Education
		University
		In-service
		Other college
		University
1.3	Agency <i>(Tick appropriate)</i>	Public
		Private
		Faith-Based
		Grant-Aided
		Other (specify)

2. STUDENT'S PARTICULARS

2.1	Personal Information	Please Complete
2.1.1	Surname	
2.1.2	First Name	
2.1.3	Other Names	
2.1.4	Date of Birth	
2.1.5	Gender	
2.1.6	NRC Number	
2.1.7	Student Computer/Identity Number	
2.1.8	Home Postal Address	
2.1.9	Mobile Number (s)	
2.1.10	Email Address	
2.1.11	Disability <i>(if applicable)</i>	
2.2	Next of Kin	Please Complete
2.2.1	Surname	
2.2.2	First Name	
2.2.3	Relationship	
2.2.4	Residential Address	
2.2.5	Postal Address	
2.2.6	Occupation	

2.2.7	Mobile Numbers	
2.3	Student Status	(tick)
2.3.1	Pre Service Student	
2.3.2	In-service Student(<i>working/worked as teacher or Education administrator</i>)	
2.3.3	In-service Student (<i>working/worked but not as teacher or Education Administrator</i>)	

(Pre-service students and in-service who are not teachers but pursuing teacher training should pay the relevant student fees while in-service students who are registered teachers or administrators or lecturers are exempted from paying student fees)

3. ACADEMIC PROGRESSION

S/n	Level	Year of Entry	Year of Completion
3.1	Early Childhood Education		
3.2	Primary Grade 1 to 7		
3.3	Junior Secondary Grade 8 to 9		
3.4	Senior Secondary Grade 10 to 12		
3.5	GCE		
3.6	First College of Education/ University		

4. PREVIOUS ENROLMENTS

- 4.1. Have you been enrolled to any college/University before? Yes No
- 4.2. If yes state the programme and give details
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- 4.3. Are you currently studying at any other institution? Yes No
- 4.4. If yes state the programme and give details:.....
- 4.5. Have been registered by TCZ before in a previous college/ University? Yes No
- 4.6. If yes write previous TCZ student registration number.....

5. CURRENT PROGRAMME OF STUDY

S/n	Current Programme of Study	Please Complete
5.1	Name of Programme	
5.2	Level of Programme (e.g. Degree, Diploma)	
5.3	Duration of Programme	
5.4	Expected Year of Completion	
5.5	Mode of Study (e.g. Full Time)	

6. SPECIAL EDUCATIONAL NEEDS

6.1. State type of Special Educational Need(s) that you have if any.....

7. SUPPORTING DOCUMENTS

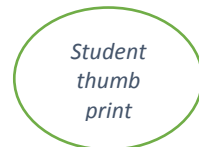
Attach certified copies of your National Registration Card and academic qualifications, (and professional qualifications if any)

8. DECLARATION

I, (full names) do hereby apply for student-registration with the Teaching Council of Zambia during the course of my Teacher-Training. I declare that the information on this form is true and correct.

I further declare that I shall abide by the regulations prescribed by the Teaching Council of Zambia for the validity of my Student Registration. I understand that I shall not proceed on School Experience (Teaching Practice) without a valid School Teaching Experience Authority (STEA) Registration Certificate. In the event that I breach this declaration, the Teaching Council of Zambia may revoke my School Teaching Experience/ Registration Certificate.

Signature:.....Date:.....



RECOMMENDATION BY COLLEGE PRINCIPAL /UNIVERSITY ADMINISTRATION

Recommended/Not Recommended

Comment

Name:.....

Signature:.....

Official Stamp

APPROVAL BY THE TEACHING COUNCIL OF ZAMBIA

Approved/Not Approved

Comment

.....

Name:.....

Signature:.....

Official Stamp