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**THE TEACHING COUNCIL OF ZAMBIA**  
**The Teaching Profession Act**  
 (Act No. 5 of 2013)

**Teaching Profession (Registration and Accreditation) Regulations, 2015.**

**APPLICATION OR RENEWAL OF PRACTICING CERTIFICATE**

[Please tick]      **Zambian Applicant**       **Non-Zambian Applicant**

Class of teacher applied for: .....

Type of Application: **1. Initial**       **2. Renewal**

**Please write in BLOCK LETTERS**

**SECTION 1: PERSONAL PARTICULARS**

	<i>Personal Information</i>	<i>Please complete</i>
1.1	Surname	
1.2	Forename	
1.3	Maiden Name	
1.4	ID/NRC: Number	
1.5	Passport Number	
1.6	TS Number <i>(where applicable)</i>	
1.7	Employee Number <i>(where applicable)</i>	
1.8	Permit Number <i>(where applicable)</i>	
1.9	Date of birth	
1.10	TCZ Registration Number	
1.11	Nationality	
1.12	Sex	
1.13	Postal address	
1.14	Fax	
1.15	Mobile Phone Number(s)	
1.16	E- mail Address	
1.17	Marital status	
	<b>Residential Address</b>	
1.18	House Number	
1.19	Street	
1.20	District	
1.21	Province/State	
1.22	Country	

	<b>Particulars of next of kin</b>	
1.23	Name	
1.24	Relationship	
1.25	Postal address	
1.26	Town	
1.27	Phone Number	
1.28	Fax	
1.29	E-mail Address	

## **SECTION 2: ACADEMIC AND PROFESSIONAL DETAILS**

### **2.1 Academic Progression**

<i>S/N</i>	<i>Level</i>	<i>Year of Entry</i>	<i>Year of Completion</i>
2.1.1	Early Childhood Education		
2.1.2	Primary		
2.1.3	Junior Secondary		
2.1.4	Senior Secondary		
2.1.5	College of Education		
2.1.6	University College		
2.1.7	University		
2.1.8	Other (specify)		

### **2.2 Academic Qualifications**

<i>S/N</i>		<i>Qualification/level</i>	<i>Name of Institution</i>	<i>Examining Body</i>	<i>Year obtained</i>	<i>District, Province/ StateCountry</i>
2.2.1	Primary					
2.2.2	Secondary					
2.2.3	College					
2.2.4	Universities					

### 2.3 Professional Qualifications

S/N	Qualification	Name of Institution	Examination Board	Certificate	Year obtained	District, Province/State Country
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*\*If you need more space, write and attach on a separate sheet*

### 2.4 Other Qualifications

S/N	Qualification	Name of Institution	Period (month/year)		District, Province/State Country
			From	To	
1					
2					
3					
4					
5					

## 2.5 Short Courses

S/N	Qualification	Name of Institution	Period (month/year)		District, Province/State Country
			From	To	
1					
2					
3					
4					
5					

## 2.6 Length of Service as a Teacher

S/N	Number of years	Tick	Public	Private
1	0 – 4			
2	5 - 8			
3	9 -10			
4	11 - 14			
5	15 and above			

## SECTION 3: LEVEL OF QUALIFICATION AND FIELD OF SPECIALISATION

S/N	Highest Qualification  <i>(Certificate, Diploma, Bachelor's degree, Masters, Doctorate)</i>	Field of specialisation of training  <i>(State your specialisation: e.g. ECE, primary education, secondary subject major and minor, etc.)</i>	Trained in Zambia or outside Zambia
1			
2			
3			

**SECTION 4: EMPLOYMENT STATUS** (*circle an appropriate response*)

4.1	Are you currently:	(a)Employed	(b)Unemployed	(c) Retired
4.2	Are you working in Zambia?			Yes No
4.3	Are you currently working as a teacher?			Yes No
4.4	Are you currently working as a teacher-trainer in a college of education?			Yes No
4.5	Are you currently working as an administrator in education?			Yes No
4.4	Are you a retiree but employed?			Yes No
4.5	Are you a retiree but self-employed?			Yes No
4.6	Are you self-employed?			Yes No
4.7	Are you a proprietor of a school?			Yes No

If your answer to 4.3, 4.4 and 4.5 above is “No”, state your employment status .....

If you are working, state:

4.8	Position / Designation	
4.9	Name of Employer (Organisation or Institution)	
4.10	Current field of practice	
4.11	Postal address	
4.12	Town	
4.13	Phone Number	
4.14	Fax	
4.15	E-mail Address	

**Current Practising Status** (*Tick as many as possible*)

		Tick	State specific work station (school, district office, etc.)
4.16	Full Time		
4.17	Part Time		
4.18	Secondment		
4.19	Fixed Contract		
4.20	Attachment		
4.21	Other ( <i>specify</i> )		

### Employment History and Curriculum Vitae

	Areas where you have worked	Status of institution (Public, private, community, grant-aided, faith-based, etc)	Position Held	Period	
				From	To
4.22	Pre-school				
4.23	Primary School				
4.24	Special Education Primary school				
4.25	Secondary School				
4.26	Special education Secondary School				
4.27	College of education				
4.28	Other Colleges				
4.29	Special Education College				
4.30	University-College				
4.31	University				
4.32	Special Education Assessment and Rehabilitation Centre				
4.33	Counselling Centre				
4.34	Zone Resource Centre				
4.35	District Resource Centre				
4.36	Provincial Resource Centre				
4.37	District Education Office				
4.38	Provincial Education Office				
4.39	School for Continuing Education				
4.40	National Science Centre				
4.41	Examinations Council of Zambia				
4.42	Teaching Council of Zambia				
4.43	Higher Education Authority				
4.44	Zambia Qualifications Authority				
4.45	Curriculum Development Centre				
4.46	Education Broadcasting Service				
4.47	Ministry Headquarters				
	Teacher Unions				
4.48	Others, specify				

**Work Experience with institutions** (*Tick as many as possible*)

	<i>Category of employment</i>	<i>Tick</i>	<i>Position Held</i>	<i>Duration</i>
4.49	Government			
4.50	Mission			
4.51	Private			
4.52	Defence			
4.53	Non-Governmental Organisation			
4.54	Others			

**For International (Non Zambian) Applicants, the Following Must be Submitted:**

1. Academic and Professional qualifications
2. Proof of legal entry into the Country
3. Professional reference letter(s) from immediate former supervisor(s)
4. Attach recommendation letter from a recognised institution
5. Application forms must be accompanied by an offer of employment
6. Proof of registration as a teacher from country of origin
7. For applicants from non-English speaking countries, proof of English Language proficiency from a recognised English Language testing centre

**DECLARATION**

I.....hereby declare that the information given above is true and correct to the best of my knowledge. Should the information be verified to be false, this application shall be rendered invalid.

.....  
*Signed* *Date:*

Contact(s) number (Cell).....

Please return the duly completed form including proof of payment of fees to:

The Registrar  
 The Teaching Council of Zambia  
 P.O. Box 35700  
 LUSAKA, ZAMBIA  
 Tel. +260 211 240360, 240334

***N.B:*** All foreign qualifications must be verified by the relevant quality assurance bodies before submission.

**FOR OFFICIAL USE**

Comment by the Teaching Council of Zambia.

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Application granted/rejected

.....  
*Signed* ..... *Date:* .....

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Designation