



Residential Physical Address

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Cell No.....

REPUBLIC OF ZAMBIA


 MINISTRY OF EDUCATION
 STATISTICAL TEACHER APPLICATION FORM 1

- Instructions:
- i) Complete this form in CAPITAL letters.
 - ii) This form must be completed in 2 copies by all qualified trained teachers from recognized Universities and Colleges.
 - iii) This application form must be addressed to the DEBS offices.
 - iv) Attach photocopies of Grade 12 Certificates, certified College/University certificates and NRC.
 - v) Attach a copy of certificate of registration from the Teaching Council of Zambia.
 - vi) Persons with disabilities must attach certificate from ZAPD.
 - vii) Applicants who are 45 years and above must attach proof of NAPSA contribution.

1.0 PERSONAL INFORMATION						
1.1	Surname (in CAPITAL letters)	Other Name(s) (in CAPITAL letters)			TCZ No.	
1.2	National Registration Card No.	Male	Female	Nationality	Date of Birth	
1.3	Place of Birth	Village	Town /City	District	Province	Other (Country)
1.4	Languages(s) spoken (Primary School Teachers only)	Marital status		Number of Children	Any disability	
1.5	College/University	Qualification obtained				
1.6	Area of specialization (for Secondary School Teachers only)	Subject 1		Subject 2		
2.0 APPLIED TO						
2.1	Province			District		

I fully accept that I will be posted where my services are needed and not necessarily to the Province and District of my choice and I will serve in my area of posting for four (4) years.

2.2	Date:	Full Name:	Applicants' Signature:
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3.0 FOR OFFICIAL USE ONLY (Please fill in all the spaces)	
3.1	Received by (Name and Position)
3.2	Date: Serial No.

Decision of District Human Resource Management Committee: Candidate posted to:

3.3	School	District	Province	Rural/Urban
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