

11 Appendixes

11.1 Appendix 1: Application form for Student Indexing

Form 1

INDEX NO.....



HEALTH PROFESSIONS COUNCIL OF ZAMBIA
No. 7 Chaholi Road, Off Addis Ababa Drive, Rhodespark
P.O BOX 32554 Lusaka 10101, Zambia. [Tel:+260 211 236241](tel:+260211236241) Fax: +260 211 239317
Email: hpcz@iconnect.zm Website: www.hpcz.org.zm

*Please affix firmly
a recent Passport -
size Color
photograph of
yourself here*

APPLICATION FOR INDEXING OF STUDENTS

Surname.....Fore name(s).....
Gender..... Date of birth.....Nationality.....
NRC No.Passport No. (*ONLY if not in possession of NRC*).....
Physical address.....
Tel/Mobile.....
Email address.....
Name and Phone No. of Next of Kin.....
Training Institution.....
Programme Pursued:.....
Intake (month/year of enrolment).....
Previous Training Institution attended (If applicable).....
Secondary School Attended

Number of 'O' Level subjects attempted

Mandatory subjects Passed (indicate grade on applicable subjects)

English..... Mathematics..... Biology/Agricultural Science

Physics..... Chemistry..... Science

Any other subject (Name).....

I.....do solemnly declare as follows:

- a) That the information provided in this form is correct and true
- b) That the attached documents are genuine and that I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and belief.

.....
Signature of the Applicant

Declared at this day of 20before

me.....
Commissioner of Oaths/Notary Public

MANDATORY ATTACHMENTS:

- a) Copy of acceptance letter/ proof of enrollment from the training Institution
- b) Proof of payment of fees
- c) Certified copy of the Grade 12 certificate or its equivalent (*Equivalents must be equated to the Zambian system*)
- d) A photocopy of the National Registration Card/ valid immigration and passport documents for non-Zambians
- e) One passport size photograph (Observe formal dress code not casual attire) with white background

NOTE: All payments should be made at Zambia National Commercial Bank using a Bill Muster form or Stanbic Bank, Arcades Branch account number 9130002152316, Sort code 040010. A receipt shall be issued upon presentation of proof of payment

For Official use:

Amount Paid.....Receipt No.SignatureDate stamp
(Accounts Unit)

Received By (Name).....Signature.....Date.....
(Registry)

Reviewed By (Name).....Signature..... Date.....
(Registration Officer)

Verified By (Name)..... Signature Date
(Senior Registration Officer)

Recommended By (Name)..... Signature Date
(Assistant Registrar)

Approved By (Name)..... Signature Date.....
(Registrar)