Residential Physical Address:
....
.....
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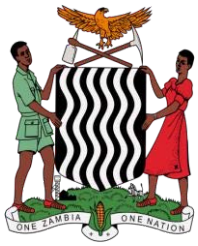
Cell:.....

REPUBLIC OF ZAMBIA



MINISTRY OF GENERAL EDUCATION STATISTICAL TEACHER APPLICATION FORM 1

Instructions:
i) The form must be completed in 4 copies by all qualified trained teachers from the recognized Universities and Colleges
ii) The application form must be submitted to the DEBS offices
iii) Everything must be in CAPITAL letters
iv) Attach certified photocopies of Grade 12 results, College/University and NRC
v) Attach a copy of receipt from the Teaching Council of Zambia (TCZ)
vi) Those with special needs must attach relevant documentation

1.0 PERSONAL INFORMATION						
1.1	Surname		Other Names			Gender
1.2	National Registration Card No.		Teaching Council of Zambia No.		Nationality	Date of birth
1.3	Place of Birth	Village	Town/City	District	Province	Other (country)
1.4	Language(s) spoken		Marital status	Number of Children		Any disability
1.5	University / College		Qualification obtained			Year of completion
1.6	Area of specialization (for Secondary School Teachers only)			Subject 1		Subject 2

2.0 PREFERENCE OF POSTING			
2.1.	1st Choice	Province	District
2.2	2nd Choice	Province	District
2.3	3rd Choice	Province	District

Declaration:
I fully accept that I will be posted where my services are needed and not necessarily to the Province of my choice.

2.4	Date:	Name:	Signature:

3.0	**FOR OFFICIAL USE ONLY** (please fill in all the spaces)	
3.1	Received by (Name and Position)	
3.2	Date:	Institutional Ref. No.

Decision of Deployment Committee: Candidate posted to:

3.3	School	District	Province	Rural / Urban