



ZIMBABWE INSTITUTE OF LEGAL STUDIES

57 Fife Avenue, Avenues, Harare, Zimbabwe
P.O.Box CY 1288, Causeway, Harare
Phone: 0242709910
Email: info@zils.ac.zw

APPLICATION FOR ENTRY TO NATIONAL CERTIFICATE STUDIES

NB. Read carefully the notes at the end of this form and then complete all sections of the form in **BLOCK CAPITALS**.

1. FOR OFFICIAL USE ONLY

1.1	Date of Receipt:	<input type="text"/>	1.2	Receipt No.:	<input type="text"/>
1.3	Amount:	<input type="text"/>	1.4	Application No.:	<input type="text"/>
1.5	Date Received:	<input type="text"/>			
1.8	Certificates Received				
	Birth	<input type="checkbox"/>	A' level	<input type="checkbox"/>	
	Marriage	<input type="checkbox"/>	I.D	<input type="checkbox"/>	
	O' Level	<input type="checkbox"/>	Other	<input type="text"/>	

2. PERSONAL DATA

2.1	SURNAME:.....	2.2	FIRST NAMES:.....
	<i>(as on Birth Certificate or Marriage Certificate)</i>		
2.3	TITLE: MR/MRS/MISS/DR/MS/REV/SR <i>(if Mrs, please attach certified copy of marriage certificate)</i> <i>(Delete inapplicable)</i>		
2.4	Previous Surname:.....	2.5	Marital Status:.....
	<i>(if any)</i>		
2.6	Sex:.....	2.7	Date of Birth:.....
2.8	Place of Birth:.....	2.9	Race:.....
2.10	I.D. No:.....	2.11	Citizenship:.....
2.12	Period; i.e years of residence in Zimbabwe	<input type="text"/>	<i>(if not Zimbabwean)</i>

2.13 Are you a Permanent Resident of Zimbabwe?

(if not, what permit do you hold? Attach certified copy)

2.14 Religion:.....

2.15 a) Contact Address:.....
.....

b) Email Address:

2.16 Telephone No:.....

2.17 How did you find out about ZILS :

Next of kin (person responsible for fees payment)

2.18 Name:..... 2.19 Telephone No:.....

2.20 Address:.....
.....

In Case of Emergency

2.21 Name:..... 2.22 Telephone No:.....

Person responsible for Fees: Telephone No:.....

3. PROPOSED NATIONAL CERTIFICATE PROGRAMME

(only one choice):.....

Part-time

Full-time

4. SECONDARY SCHOOLS/COLLEGES ATTENDED *(Please attach certified photocopies)*

School	From	To
.....
.....
.....

5. SCHOOL EXAMINATIONS FOR WHICH RESULTS ARE KNOWN
(Please attach certified copies of certificates) *(Please attach certified copies of certificates)*

Date	Examining Board	Level	Subject	Result
Mth/Yr	(e.g. Zimsec, Cambridge)	e.g O, A, CSC, etc		Grade
1.....
2.....
3.....
4.....
5.....
6.....
7.....
8.....

5.1 OTHER QUALIFICATIONS & DATE(S) OF AWARD *(Please attach college transcripts)*

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6. DETAILS OF EMPLOYMENT AND EXPERIENCE *(in chronological order)*

	Employer	Occupation	From	To
7.1	Present Employment
7.2	Previous Employment

8. IMPORTANT NOTES TO ALL APPLICANTS

- 8.1 All applicants must complete all sections of the form carefully and legibly. If the Institute discovers that any information submitted by the applicant is false, it will reject that application and may refer the matter for further action as deemed appropriate.
- 8.2 Applicants **must** submit, with the form, photocopies (not originals) of all qualifications / certificates, including birth certificates and ID cards duly certified by a Commissioner of Oaths.
- 8.3 Applications will not be considered unless accompanied by all the aforesaid documents.
- 8.4 Applicants should submit this form to the Admissions Office.
- 8.5 Applicants who are in doubt regarding their choice or preference, should seek advice from Admissions Office (Telephone 0242709910 or email info@zils.ac.zw before completing their forms.
- 8.6 Only successful applicants will be notified about details regarding registration, payment of fees, etc, in the offer of admission.
- 8.7 Applicants to refer to adverts for other specific relevant information.

Payment Terms: NB RTGS ONLY FOR BANK TRANSFER & ECOCASH PAYMENTS

CASH OR BANK TRANSFER

Bank: BANC ABC
Account Name: Zimbabwe Institute of Legal Studies
Account Number: 11705095602036
Branch: Mt Pleasant
NB: NAME & SURNAME AS REFERENCE

ECOCASH

*151*2*2*394518*amount#