



HANDSWORTH INSTITUTE
APPLICATION FORM

APPLICANTS DETAILS:

SURNAME:

FIRST NAME:

MIDDLE/OTHER NAMES:

GENDER: M-MALE [] F-FEMALE []

TITLE: PROF/DR/MR./MRS./MISS/MS PLEASE TICK

DATE OF BIRTH:

NATIONALITY:

NRC NO...../...../..... OR PASSPORT NO (FOR NON ZAMBIANS)

PHYSICAL ADDRESS:

TELEPHONE:MOBILE:

EMAIL:

CURRENT QUALIFICATIONS:

EDUCATION QAULIFICATION:

SECONDARY SCHOOL AND YEAR OF COMPLETION:

TERTIARY EDUCATION AND YEAR OF GRADUATION:

QUALIFICATION OBTAINED:

INSTITUTION:

EMPLOYMENT STATUS: EMPLOYED [] UNEMPLOYED [] SELFEMPLOYED []

EMPLOYMENT DETAILS:

PROGRAMS/ COURSES ON OFFER

SHORT COURSES.

1. MICROSOFT EXCEL (FULL PACKAGE) []
2. STATISTICAL PACKAGE FOR SOCIAL SCIENCES (SPSS) []
3. STATA (FULL PACKAGE) []
4. ECONOMETRIC MODELING (E-VIEWS) []
5. GEOMETRIC INFORMATION SYSTEM (G.I.S) []
6. OCCUPATIONAL HEALTH AND SAFETY []
7. PROJECT PLANNING AND MANAGEMENT []
8. MONITORING AND EVALUATION []
9. BUSINESS SALES AND MARKETING []
10. ENTREPRENEURSHIP AND INNOVATION []
11. PSYCHOSOCIAL COUNSELLING []
12. HIV/AIDS MANAGEMENT []
13. PURCHASING AND SUPPLY []
14. DATA MANAGEMENT (SPSS) []

ADVANCED CERTIFICATE COURSES

1. OCCUPATIONAL HEALTH AND SAFETY []
2. PROJECT PLANNING AND MANAGEMENT []
3. MONITORING AND EVALUATION []
4. PURCHASING AND SUPPLY []
5. BUSINESS SALES AND MARKETING []
6. PSYCHOSOCIAL COUNSELLING []
7. HIV/AIDS MANAGEMENT []
8. CHILD COUNSELLING []
9. GUIDANCE AND DEVELOPMENT []
10. COMMUNITY DEVELOPMENT []

DIPLOMA PROGRAMS

1. OCCUPATIONAL HEALTH AND SAFETY []
2. PROJECT PLANNING AND MANAGEMENT []
3. SOCIAL WORK []
4. PSYCHOSOCIAL COUNSELLING []
5. BUSINESS MANAGEMENT []
6. MARKETING []

MODE OF REGISTRATION.

FULL-TIME [] PART-TIME [] DISTANCE [] ONLINE []

DECLARATION:

I confirm that, to the best of my knowledge, the Information given on this form is correct.

I have read the terms and conditions of the institute and agree to abide by them.

Applicants Name:

Signature:

Date:

FOR OFFICIAL USE ONLY

Date Bought.....

Received By.....

Date.....

Processed By.....

Date.....

Verified By.....

Date.....