

Residential Physical Address

STA Form 1

REPUBLIC OF ZAMBIA



ECZ CODE

Cell No.....

E-mail address:.....

MINISTRY OF EDUCATION

MOE STATISTICAL TEACHER APPLICATION FORM 1

- Instructions:**
- The form must be completed in 2 copies by all qualified trained teacher from the recognized Universities and Colleges.
 - The application form must be posted through ZAMPOST to the HRMCs based at DEBS offices.
 - Everything must be in CAPITAL letters.
 - Attach certified photocopies of Grade 12 results, College/University and NRC.
 - Attach a copy of certificate of registration or proof of Registration from the Teaching Council of Zambia.
 - Those with special needs must attach relevant documentations

1.0 PERSONAL INFORMATION						
1.1	Surname (in CAPITAL letters)	Other Name(s) (in CAPITAL letters)				
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		
1.7	Special Education Teacher	Secondary		Primary	ECE	
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.

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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