



*"A holistic Ministry to People
for the glory of God"*

Council of Churches in Zambia

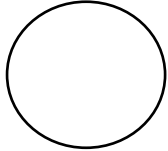
David Livingstone College of Education

Private Bag 1

LIVINGSTONE, ZAMBIA



Application Form Number
(Official use only)



ATTACH 2
PASSPORT SIZE
PHOTOS HERE

TEL: +260 21321987 / FAX: +260 213 321987

MOBILE PHONE: 0977528293/0955 505386/0979846785/0761906678

EMAIL: admin@dalice.edu.zm

WEBSITE: www.dalice.edu.zm

Facebook: David Livingstone College of Education

**APPLICATION FORM FOR JUNIOR SECONDARY TEACHERS' & EARLY CHILDHOOD
EDUCATION DIPLOMA.**

DIPLOMA BY DISTANCE EDUCATION – PRE-SERVICE - 2019 INTAKE

For Official Use Only

Receipt No	
Application No	
Date	

APPLICATION IS FREE!

INSTRUCTIONS

1. Please read through the form carefully before filling in and then complete filling in all your particulars as per given instructions, section by section.
2. Application forms can be obtained from David Livingstone College of Education, Provincial and District Resource Centers and Zonal Centre Schools. It can also be downloaded from the college website: www.dalice.edu.zm
3. Attach copies of your National Registration Card/Passport, academic qualifications (School Certificate/Statement of Results) and deposit slip of the non-refundable fee for the application.
4. Submit the application form to:
The Principal
David Livingstone College of Education
Private Bag 1
LIVINGSTONE, ZAMBIA.
5. Closing dates: **Friday 12th April, 2019**
6. For more information, please contact **0977528293/0977966497/0955949494/0761906678.**

PART A: PERSONAL DETAILS (Applicant completes this section in capital letters)

1	Surname										
2	Other name (s)										
3	Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	(Tick (✓) appropriately)					
3	Nationality										
4	Marital Status										
5	Date of Birth										
		Date	Month	Year							
6	Place of Birth										
7	NRC							/			/
8	Passport number (Non-Zambians)										
8	Details of registered physical challenges (specify disabilities if any)										
9	E-mail address (if any)										
10	Applicant's mobile contact										
11	Postal Address										
12	Physical Address (Street/City/Town/Township)										
13	Province										
14	Name of Sponsor										
15	Relationship to Sponsor										
16	Contact Address of Sponsor (Postal not Physical)										
17	Sponsor's mobile contact										
18	Denomination										

PART B: EDUCATIONAL BACKGROUND (In capital letters)

19. School (s) attended.

SNO	SUBJECT	GRADE LEVEL	YEAR
1			
2			
3			

20. School Certificate Results in best **five (5)** subjects including English (**Grades 1- 6 only**)

SNO	SUBJECT	GRADE	YEAR OBTAINED
1			
2			
3			
4			
5			

PART C: PROGRAMMESS (Please tick (√) against your choice)

21. (A) Applicants wishing to train as a teacher should have **FIVE** “O” Levels (credits or better) including English in the following teaching subjects.

SNO	SUBJECT COMBINATIONS	TICK (√) CHOICE
1	MATHEMATICS & SOCIAL STUDIES	
2	MATHEMATICS & PHYSICAL EDUCATION	
3	MATHEMATICS & RELIGIOUS EDUCATION	
4	MATHEMATICS & ZAMBIAN LANGUAGES	
5	ENGLISH & SOCIAL STUDIES	
6	ENGLISH & PHYSICAL EDUCATION	
7	ENGLISH & RELIGIOUS EDUCATION	
8	ENGLISH & ZAMBIAN LANGUAGES	
9	PHYSICAL EDUCATION & SOCIAL STUDIES	
10	ZAMBIAN LANGUAGES & SOCIAL STUDIES	
11	RELIGIOUS EDUCATION & SOCIAL STUDIES	
12	FRENCH & MATHEMATICS	
13	FRENCH & ENGLISH	
14	FRENCH & PHYSICAL EDUCATION	
15	FRENCH & RELIGIOUS EDUCATION	
16	AGRICULTURAL SCIENCE	
17	BUSINESS STUDIES & COMPUTER STUDIES	
18	COMPUTER STUDIES & MATHEMATICS	
19	COMPUTER STUDIES & RELIGIOUS EDUCATION	
20	COMPUTER STUDIES & PHYSICAL EDUCATION	
21	EARLY CHILDHOOD EDUCATION (ECE)	

NOTE: All the above subject combinations go with education foundation courses.

21. APPLICANT’S DECLARATION

I, hereby declare that all the details I have supplied on this application form are true and correct to the best of my knowledge. I further undertake to comply with the institution’s rules and regulations (code of conduct).

Applicant’s signature:..... Date :.....

For official use ONLY!

Accepted:

Not accepted:..... Reason for not being accepted:.....

.....

Coordinator’s signature:..... Date:.....

Registrar’s signature:.....

Institution Stamp
