



*George Benson*  
*Christian College of Education*

NAMWIANGA MISSION  
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**APPLICATION FORM**

TICK ONE ✓  
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NAME OF PROGRAMME: (Tick) FULL-TIME (REGULAR)   
DISTANCE LEARNING (ODL)

Note: Full-Time applicants must complete only Parts A, B & D, while ODL applicants must complete All four parts.

**PART A. PERSONAL DETAILS:** (All applicable parts must be completed)

1. COURSE COMBINATION: 2. DATE: .....

PROGRAMS	TICK
<b>SECONDARY TEACHERS' DIPLOMA</b>	
Business studies	
Computer Studies and English	
Computer Studies and Mathematics	
English and Religious Education	
Mathematics and Religious Education	
Social Studies and Religious Education	
Zambian Lang and Religious Studies	
Social Studies and Mathematics	
Computer Studies and Religious Education	
Integrated Science (Full time only)	
<b>TEACHING METHODOLOGY (ODL ONLY)</b>	
<b>PRIMARY DIPLOMA</b>	
<b>EARLY CHILDHOOD EDUCATION</b>	

3. SURNAME: ..... SEX: MALE  FEMALE

4. OTHER NAMES (No initials please): .....

5. DATE OF BIRTH: ..... 6. MARITAL STATUS: SINGLE  MARRIED

7. QUALIFICATIONS (O'Level & GCE Results)

SUBJECT	Eng	Math	Hist	R.E.	Cv. Ed.	Sci	Comm	Zam L.	Other subjects (specify)		
SCORE											

8. CHURCH AFFILIATION: .....

9. NATIONALITY: ..... 10. NRC/PASSPORT NO. ....

11.(a) If residing in Zambia, name district of residence: .....

(b) If outside Zambia, name country and city of residence: .....

12.FINANCIAL SPONSOR: .....

13. RESIDENTIAL ADDRESS:

.....

14. POSTAL ADDRESS:

.....

.....

15. PHONE/CELL NUMBERS: .....

16. E-MAIL ADDRESS: .....

(This is required for easier and quicker communications)

17. ANY PHYSICAL DISABILITIES?: .....

18. PHYSICAL GAMES PLAYED: .....

19. NEED BOARDING (YES/NO): .....

20. NEXT OF KIN: Name:.....

Address.....

Phone(s):.....

E-mail: .....

**PART B. EDUCATION AND TRAINING** *(Please list the schools/colleges you attended and qualifications you obtained)*

NAME OF SCHOOL/COLLEGE ATTENDED	DATE				STANDARDS PASSED AND CERTIFICATE(S) OBTAINED
	FROM		TO		
	MONTH	YEAR	MONTH	YEAR	

**PART C. PREVIOUS EXPERIENCE**

NAME(S) OF PREVIOUS/CURRENT EMPLOYER/INSTITUTION	DATE				REASONS FOR DISTANCE LEARNING?
	FROM		TO		
	MONTH	YEAR	MONTH	YEAR	

**PART D. DECLARATION**

I have given all the information required truthfully and accurately to the best of my knowledge and belief.

I agree: (a) to attend all scheduled classes,

(b) to attend daily Chapel and Sunday Church Services,

(c) to be in/out of boarding if required,

(d) that, being a member of the Teaching Service, my official names and the only names used by me will be the ones appearing on this form.

SIGNATURE: .....

Applicant

DATE: .....

**\*Enclose photo copies of your academic and professional qualifications, NRC/Passport and then post or e-mail them to the above address . Also attach proof of payment (deposit slip) for this application.**

