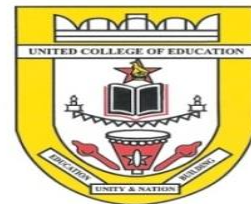




MINISTRY OF HIGHER AND TERTIARY EDUCATION,
SCIENCE AND TECHNOLOGY DEVELOPMENT



UNITED COLLEGE OF EDUCATION

DIPLOMA IN EDUCATION (SPECIAL NEEDS EDUCATION)

Registry Stamp	Principal's Stamp
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APPLICATION FORM FOR DIPLOMA A DIPLOMA IN EDUCATION (SPECIAL NEEDS EDUCATION)

CLASS OF 2020/21

INSTRUCTIONS

- Complete all sections of the Application Form carefully and legibly.
- Write in **BLOCK LETTERS** in the spaces provided or tick in the appropriate box.
- Attach certified copies of teaching qualifications, educational certificates, birth certificate, identity card and a marriage certificate (where applicable) to the application form.
- Submit the completed application at the Registry Office at United College of Education, Old Victoria Falls Road, Bulawayo.
- Closing date for submission of completed applications is **THURSDAY 31 OCTOBER 2019**

PART A: PERSONAL DETAILS

Surname: _____

Forename(s) _____

Sex:

Male

Female

Date of Birth: Day _____ Month _____ Year _____

Nationality: _____ I.D. No: _____

Do you have any disability? Yes No

If yes, please specify.

Contact Address: _____

Contact Tel. No: _____ Cell _____

NEXT OF KIN DETAILS:

Surname _____

Forename(s) _____

Contact Tel No: _____ Cell _____

Relationship to applicant: (Father, mother, uncle, etc.) _____

PART B: EDUCATIONAL QUALIFICATIONS

‘O’ LEVEL

	SUBJECT	YEAR OBTAINED	GRADE /SYMBOL ATTAINED
1	English		
2	Mathematics		
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

PART C: PROFESSIONAL QUALIFICATIONS

Qualification	Year	College/University

PART D: QUALIFIED TEACHING EXPERIENCE

Facility	Years	Specialisation Area (where applicable)
Special school		
Resource unit		
Special Class		
Ordinary School		

Are you a practising teacher? Yes No

If 'no' state your current practice _____

PART E: PREFERRED AREA OF SPECIALISATION

Area	Rank in order of preference (1-4)
Hearing Impairment	
Learning Disabilities	
Intellectual Disabilities	
Visual Impairment	

PART F: OTHER QUALIFICATIONS

	COURSE/CERTIFICATE	YEAR OBTAINED	WORK EXPERIENCE
1			
2			
3			

PART G: SPORT(S) ACHIEVEMENTS

	Type of sport(s)	Highest achievement attained (e.g. International National Provincial level)	Team	Year
1				
2				
3				

NB: Attach relevant certificates/documents.

PART H: OTHER WORK EXPERIENCE AND SKILLS

Indicate your work experience and skills that you possess.

	Type of work/skill	Experience (No of years)
1		
2		

NB: Attach relevant certificates/documents

Declaration:

I _____ declare that the information I have given is correct and that should it be found to be false, my application will be disqualified and I may face legal action.

Signature of Applicant: _____ Date: _____

PART I: FOR OFFICIAL USE ONLY

DOCUMENTS CHECK LIST

ITEM	TICK	COMMENT
Forms fully completed		
Teaching Qualification		
5 'O' Level Passes		
Degree		
Certified Birth Certificate		
Certified Identity Card		
Certified Marriage Certificate		
<p>Checked by.....Date.....</p> <p>Verified by.....Date.....</p>		