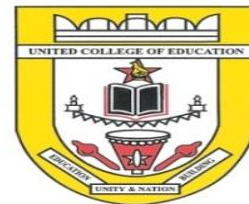




MINISTRY OF HIGHER AND TERTIARY EDUCATION,  
SCIENCE AND TECHNOLOGY DEVELOPMENT



## 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 2019/20

#### 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 Friday **31 JULY 2018**

#### 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.

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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**

	<b>SUBJECT</b>	<b>YEAR OBTAINED</b>	<b>GRADE /SYMBOL ATTAINED</b>
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	
Mental Retardation	
Visual Impairment	

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 F: FOR OFFICIAL USE ONLY**

**DOCUMENTS CHECK LIST**

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