INDECO HOUSE, 12 FLOOR ROOM 1205, ALONG CAIRO ROAD, LUSAKA ZAMBIA.

SPRINGVALLEYCOLLEGEZAMBIA@GMAIL.COM

CELL: +260777301455. +260969365146

SPRING VALLEY COLLEGE OF HEALTH SCIENCES, BUSINESS AND TECHNOLOGY

APPLICATION FORM

A. PERSONAL DETAILS

SURNAME: _____ **FIRST NAME:** _____

MIDDLE NAME (S): _____

TITLE: _____(*Mr/Mrs/Miss/Ms/Rev. etc.*)

SEX: **FEMALE** ☐ **MALE** ☐

NATIONALITY: _____ **DISTRICT:**_____

NATIONAL ID NUMBER:_____

RELIGION: _____ **MOBILE:** _____

CONTACT ADDRESS:_____

EMAIL ADDRESS:_____

SPECIAL NEEDS: _____

(e.g. Dsylexia, Epilepsy, Visual Impairment, Limited Hearing, Processing Discord)

B. SECONDARY SCHOOL DETAILS

NAME OF SECONDARY SCHOOL: _____

C. ACADEMIC RECORD

(a) ☐ **G12 INTERNAL** ☐ **GCE** ☐ **OTHER (*Please specify*):**_____

(b) **Year Obtained:**_____

EDUCATION BACKGROUND

Institution attended	Year of completion	Qualification obtained

PARENTS OR SPONSERS DETAILS:

SURNAME: _____ **FIRST NAME:** _____

PHONE NUMBER: _____

LOCATION: _____

D. ENROLMENT DETAILS

COURSE APPLYING FOR: *Please indicate the course you are applying for below:*

_____

COURSE DURATION _____

INTAKE MONTH _____

MODE OF STUDY:

PHYSICAL ☐ ☐ **ONLINE**

E. ENTRY REQUIREMENTS

All candidates should attach photocopies of their Grade Twelve (G12) or GCE Results, or notification of results and National Registration Card (NRC).

F. HOW TO MAKE PAYMENTS

All Payments should be done through **SVC's** College accounts: ***Spring Valley College,Zanaco Express booth Agents*** or through ***Zanaco Bank*** account no. **6009157500120,** or through **MTN** using **Withdraw** Method **+260969365146** or Spring Valley College, ***Airtel Money***, Account No. **0777301455.Deposit slip should be presented at the SVC office or through WhatsApp +260777301455 and receipt shall be issued immediately.**

G. STUDENT DECLARATION

I declare that the above information is correct to the best of my knowledge. I understand that if at any time the information I provided about my educational qualification is found to be incorrect or misrepresented, the College has the right to expel me from the program at any time. I further understand that if my application is rejected, the application processing fee is not refundable.

Student's Signature: _____ Date:_____

----------**FOR OFFICIAL USE ONLY**----------

1. **STUDENT NUMBER AND FULL NAMES:**

   _____

2. **CLASS STARTS ON:**

   _____

3. **DATE OF REGISTRATION:**

   _____

4. **COURSE NAME:**

_____

5. **LEVEL OF STUDY:**

_____

6. **DURATION OF COURSE:**

_____

7. **PHONE NUMBER :**

_____

8. **REGISTRARS SIGN:**

_____

To be filled by the SVC Administration Office