



Please attach
two passport-
size
photographs
here

THE ZAMBIA INSTITUTE OF ADVANCED LEGAL EDUCATION

Kindly attach a certified copy of NRC/Passport and certified copies of academic and professional qualifications. This application should also be accompanied by a non-refundable and non-transferrable fee of \$200.00 Attach copy of receipt of payment.

COURSE TITLE:

Title (Prof, Dr. Mr. Mrs. Ms etc.) Surname:

First Name & Other Names:

Marital Status: Date of Birth:

Nationality: Sex:

Passport No/NRC: Date of Expiry:

CURRENT POSITION

Title of Post:

Employer:

Address:

Telephone Nos Office: Mobile:

Fax No: Email:

Next of Kin: Fax:

Mobile Number:

Email:

BRIEF DESCRIPTION OF YOUR MAIN ROLE AND RESPONSIBILITIES

RELEVANCE OF DIPLOMA TO YOUR DUTIES

Please briefly describe those aspects of your present work which relate to the training /workshop and how the training will help.

EDUCATIONAL BACKGROUND:

Type of Institution	Dates: From – To	Qualifications obtained

PREVIOUS COURSE(S) ATTENDED:

Date:

Date:

Date: _____

Date: _____

SPONSORSHIP

If someone other than yourself will be responsible for paying your fees, please furnish us with name and address of your sponsor:

Name: _____

Address: _____

Relationship to the Applicant: _____

Tel No: _____ Fax: _____ Email: _____

HEALTH CONDITION

Are you in good health? (Accepted participants will be responsible for any medical expenses they may incur while on the training/workshop) () yes () No

We emphasise that foreign participants take out medical insurance before travel.

DECLARATION

I declare that the following information provided on this form is to the best of my knowledge and belief accurate and reflects my true records. (An applicant who make false declaration or withholds relevant information may be refused admission and if he\she has gained admission into the Zambia Institute of Advanced Legal Education may be asked to withdraw from the programme.

Signature: _____

Date: _____

APPLICATION

I wish to apply for enrolment on the Legislative Drafting Course. I have been informed that the duration of the course is five (5) months. If my application for enrolment is accepted, I agree to pay all the fees in accordance with the Regulations, to attend classes regularly and punctually and obey the Rules and Regulations from time to time laid down by the Institute.

Signature: _____

Date: _____

Applicants must be nominated and endorsed by their Head of Departments.

ENDORSEMENT BY HEAD OF DEPARTMENT OR EMPLOYER

I certify that this nomination has the endorsement of the Head of Department and that to the best of my knowledge the details given in the application are correct.

Signed: _____

Name: _____

Position: _____

Department: _____

Date: _____

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM AND SEND IT TO:

Programmes and Planning Officer

Zambia Institute of Advanced Legal Education

Stand No. 36983

Andrew Mwenya Road,

Rhodes Park

LUSAKA

Telephone: +260-211-254557

+260-211-254581

Telefax: +260-211-254620

Email: Infoppu@ziale.org.zm

Website: www.ziale.org.zm