** **

National Railways of Zimbabwe

**RAILWAY SCHOOL OF LOGISTICS AND TRANSPORT**

**STUDENT ADMISSION / REGISTRATION FORM**

**NOTES**

**Forms to be completed in duplicate. Complete every section in full, providing as much information as possible and indicating not applicable (N/A) where necessary.**

**PERSONAL DETAILS**

1. Surname ……………………………………………………………………………………….

2. First Name (s) …………………………………………………………………………………

3. National I.D. Number ……………………………………………………….

4. Passport No ……………………………

5. Nationality ……………………………………………………………………

6. Gender …………………………………

7. Date of Birth ………………………………………………………………….

8. Marital Status …………………………

9. Residential Address ………………………………………………………………………….

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10. Postal Address ………………………………………………………………………………..

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11. Cell ……………………………………Telephone (home) ……………………….

12. Religion / Denomination ……………………………………………………………………...

13. **COURSE PROGRAMME APPLIED FOR** …………………………………………………………………………………………………..

14. Starting Date ………………………… 15. Completion date ……………………………..

16. **DETAILS OF EDUCATIONAL QUALIFICATIONS** (‘O’ and ‘A’ Level; Professional qualifications)

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| --- | --- | --- | --- | --- | --- |
| **‘O’ LEVEL** | | | **‘A’ LEVEL** | | |
| **Subject** | **Year** | **Grade** | **Subject** | **Year** | **Grade** |
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17. Address whilst studying at NRZ School of Logistics and Transport ……………………………………………………………………………………………….....

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**18. (a) NAME AND ADDRESS OF NEXT OF KIN** .…………………………………………….....................................................................................

…………………………………………………………………………………………………………..

(b) Who is responsible for your fees payment ………………………………………………..

(c) Signature for person responsible for fees …………………………Date …………….

(d) Telephone (home) ………………………… Cell …………………………………..

19. Are you related to any NRZ member of staff (a) Yes [ ] (b) No [ ]

If Yes:

State Name of Relative …………………………………………………………………. .. Relationship ………………………………………………………………………………..

20. **MEDICAL HISTORY**

a) Do you have any physical disability, chronic illness such as asthma, hay fever etc:

…………………………………………………………………………………………………..………………………………………………………………………………………………….

b) State how the illness / condition can be controlled…………………………………....

………………………………………………………………………………………………….

21. **DECLARATION BY APPLICANT:**

I ………………………………………………………………………………… certify that the information given above is correct in every respect. I further agree to be bound by the NRZ School of Logistics and Transport Rules and Regulations and pay all fees due promptly.

Signature …………………………………… Date ………………………………………..

22. **DECLARATION BY GUARANTOR:**

I …………………………………………………………………………………… guarantee that I will pay fees for (Name)…………………………………………………………….... for his / her period of study.

Signature…………………………………… Date ………………………

23. **FOR OFFICE USE ONLY**

**FEES PAID**

Processing / registration fee [ ]

Tuition [ ]

Other [ ]

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**ADMINISTRATOR** …………………………………………………………

Signature …………………………………… Date ……………………….

**Data Capture Clerk (Name)** ……………………………………………..

Signature ………………………… Date …………………………………

**Checked by Administration** …………………………………………….

Signature ………………………………..Date ……………………………