

All Correspondence should be addressed to the Principal



In reply please quote No:.....

LUSAKA VOCATIONAL TRAINING CENTRE MANAGEMENT BOARD

P.O. Box 30564
Kapatu Road
Off Malambo Road
LUSAKA

Telephone: 01 - 242270
E-mail: lvtcmb@gmail.com
Fax: +260 1 242270

STUDENT APPLICATION FORM

Full Time		Part Time Day		Part Time Evening	
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INTAKES	JANUARY		MAY		SEPTEMBER	
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Tick what is applicable

Receipt Serial No.....

1. Surname
2. First Names:.....
3. NRC No.
4. Nationality:
5. Date of Birth:.....
6. Sex:
7. Contact Address:
8. (a) Tel:..... (b) Fax:..... (c) email:.....

9. Available Courses

Technician Level courses

- Advanced Certificate in Electrical Engineering
- Advanced Certificate in Plumbing and Sheet Metal
- Advanced Certificate in Automotive Mechanics
- Technician Certificate in Mechanical Plumbing Technology and Water Supply.

Technical Courses (Trade Test and Craft Certificate)

Business Courses

- Automotive Mechanics
 - Automotive Electrical (Modular)
 - Power Electrical
 - Bricklaying & Plastering
 - Carpentry & Joinery
 - Metal Fabrication & Welding
 - Plumbing & Sheet Metal
 - Water Operations & Supply
 - Construction & Technology Course (CTC)
- Cert. in Entrepreneurship
 - Cert. in Computer Studies

10. Course: 1st Choice:

2nd Choice:

11. Secondary Schools attended:

From:.....

To:.....

12. School Certificate Results Obtained.

Subject	Grade	Subject	Grade	Subject	Grade
i) Mathematics	Viii) Agric. Science	.....	xv) Commence	.....
ii) Physics	ix) Biology	.....	xvi) Art	.....
iii) Chemistry	x) Geography	.....	xvii) Home Craft/Cookery	.....
iv) Science	xi) History	.....	xviii) French	.....
v) English Lang	xii) Metal Work	.....	xix) Zambia Lang.	.....
vi) General Science	xiii) Technical Drawing	.....	xx) Religious Education	.....
vii) Physical Science	xiv) Principles Of Accounts	.....	xxi) Other	.....

14. College/Institute attended (if any)

Qualifications:

15 Disabilities if any (state type):

16 Sponsor's Name:.....

17 Sponsor's Address:.....

18 Status: Single Orphan [] Double Orphan [] Aged Parents/Guardians []
 (Tick where applicable)

19 How did you know about Lusaka Vocational Training Centre (LVTC)?
 (Tick where applicable)

Family Friends TV/Radio Facebook/Website Brochures

Others (specify).....

20 Signature of Applicant: 21. Date:

21 FOR OFFICIAL USE ONLY

REF NO.	PAYMENT			RECEIPT NUMBER	DATE PAID
	Cash	Postal Order	Other		

This applicant has paid an application fee of **K75.00**

..... Date

Official Date Stamp

Date

• **Selection Committee**

Signed:..... Date