Form VI
(Regulation 6(1))

Higher Education Act, 2013
(Act No. 4 of 2013)

Higher Education (General) Regulations, 2024

APPLICATION FOR REGISTRATION OF A PRIVATE HIGHER EDUCATION INSTITUTION FOR THE SPECIALISED TRAINING OF PROFESSIONALS IN A SPECIFIED FIELD

A. INSTRUCTIONS

1. An institution intending to apply for registration of an institution for the specialised training of professionals should complete this Application Form and forward it to:

   The Director-General
   Higher Education Authority
   P.O. Box 50795
   Ridgeway
   LUSAKA

   Email: info@hea.org.zm
   Web: www.hea.org.zm

2. Applicants should forward **all** the listed documents with their application. An application **shall not** be processed if **any** of the required document is not provided

	Documents to be attached	Check	
		Yes	No
1.	Certificate of Incorporation/Registration of Business Name or Registration with Registrar of Societies or any other relevant certificate of registration		
2.	Reference letter from the Bank of the institution		
3.	Evidence of financial resources or guarantee		
4.	Zambia Revenue Authority tax registration certificate		
5.	One (1) copy of the Operational Plan		
6.	Statutes of the institutions		
7.	Academic policy document(s) covering admissions, progression, student transfer, assessment, awards, academic calendar development and student record management for professional training programmes.		
8.	Curriculum Development and Review Policy		

9.	Open and Distance Learning policy where applicable		
10	Refund policy		
11.	Student Handbook covering registration procedures, information on courses, examination regulations etc		
12.	Quality assurance framework/implementation policy		
13.	Letter of Good Standing from an appropriate regulatory body		

B. ADMINISTRATIVE DATA

1. Name of institution (applying to be an Institution for Specialised Training of Professionals in a specified field)

2. Address and contact Details of the Institution

Physical Address	
Postal Address	
Telephone Number	
Mobile Number	
E-mail Address	
Website	
Name of Contact Person	
Designation of Contact Person	

3. Name of the Proposed Institution for Specialised Training of Professionals in a specified field (if different from (1) please state).

Name:……

4. Address and contact Details of the Proposed Institution (if different from (1)).

Physical Address	
Postal Address	
Telephone Number	
Mobile Number	
E-mail Address	
Website	
Name of Contact Person	
Designation of Contact Person	

5. Bank Name(s) and Details

Name of Bank	
Branch	
Address	

C Summary of Operational Plan

Please provide a summary of the Operational Plan/Strategic Plan, under the following Headings:
(Copy of the full operational plan/ strategic plan should be attached)

1. Vision, Mission and Strategy of the proposed institution (Provide vision and mission statement for the institution and short-, medium- and long-term objectives specific to training).

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2. Governance and Management of the proposed institution - Provide information on the availability of governance/management structures for training including:

   - Department or Coordinating unit for curriculum development, training and assessments
   - Roles and responsibilities of personnel in the department or coordinating unit

3. Professional Training Programmes (Provide list of professional training programmes to be offered by the institution, including the structure of the programme, assessment policy and their level on the national qualifications framework e.g., National Qualifications Framework Level 7).

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4. Staff (Provide policy statement on type and level of qualifications that trainers are required to possess in order to provide tuition/training in the professional programmes listed in (3) above)

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5. Student Admission and Learner Support (Provide information on entry requirements for each proposed training programme, progression requirements, availability of learner support services such as student information dissemination services, academic counselling services, training materials and library resources)

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6. Financial Resources (Provide information on sources and availability of financial resources allocated to teaching and learner support)

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7. Physical Infrastructure (Provide information on available and appropriate physical infrastructure required to support training in the specified programmes. If training shall be conducted at the institution's premises, provide information on the physical infrastructure available for training)

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8. Technological Infrastructure (Provide information on available and appropriate technological systems required to support training in the specified programmes, including e-learning platforms, e-library services, student information management system, institutional repository and communication systems. If training shall be conducted at the institution's premises, provide information on the technological systems available for training)

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9. Health, safety and security (Provide information on water and sanitation services at the premises, health, safety and security measures and facilities for staff and students). (Applicable if training shall be conducted at the institution's premises).

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10. Quality assurance provisions (Provide information on internal quality assurance mechanisms, policies and procedures for the professional training programmes).

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DECLARATION

I, ……, hereby declare that the information given above is true and correct to the best of my knowledge. Should the information given above be verified to be false, this application shall be rendered invalid.

Signed: …… Date: ……

Witness

Name……

Signature……

Date……

FOR OFFICIAL USE ONLY

Received by……
Officer

Signature……

Date……

Application Fee Paid:……

Date of Payment:……

Receipt No: ……

Serial No.: ……

STAMP