Form V
(Regulations 5(1))

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

Higher Education (General) Regulations, 2024

APPLICATION FOR REGISTRATION OF A PRIVATE INSTITUTE

A. INSTRUCTIONS

1. A person intending to apply for registration of a Private Institute 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 documents 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.	A sworn affidavit/declaration that the proprietor, board members have never been declared bankrupt		
3.	Police clearance for the proprietor and board members		
4.	Reference letter from the Bank of the proposed institution		
5.	Evidence of financial resources or guarantee to cover administrative costs		
6.	Zambia Revenue Authority tax registration certificate		
7.	Lease agreement or proof of ownership of premises for the institute		
8.	Occupancy Licence of the premises from the Local Authority		
9.	One (1) copy of the Operational Plan		
10.	Statutes of the institution		

11.	Curriculum vitae of proposed Directors or Managers		
12.	Policy document (s) guiding the management of research, consultancy and innovation, dissemination/publication, ethics and intellectual property rights		
13.	Human Resource Policy, including recruitment and staff training		
14.	Financial management policies and procedures, including risk management		
15.	Fire certificate		
16.	Health Permit from the Local Authority		
17.	Quality assurance framework/implementation policy		
18.	Policy guiding attachment of research students and supervision		

B. ADMINISTRATIVE DATA

1. Name of Proprietor (s)

2. Contact details for the Corresponding Proprietor

Physical Address	
Postal Address	
Telephone Number(s)	
Mobile Number(s)	
E-mail Address	
Name of Corresponding Proprietor	

3. Name of Institute

4. Address and contact Details of the Institute

Physical Address	
Postal Address	
Telephone Number(s)	
Mobile Number(s)	
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, under the following Headings:
(Copy of the full operational plan should be attached)

1. Vision, Mission and Strategy (Provide vision and mission statement-, short-, medium- and long-term objectives).

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2. Governance and Management - Provide information on the availability of governance and management structures including the following:

   - Composition of Management Team including their qualifications and experience
   - Organisational structure includes division into units/departments

3. Research, Consultancy and innovation (Provide information on the institute's research agenda, including research and consultancy themes the institution shall focus on and policy on attachment of research students to the institute).

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4. Staff (Provide details of the lead research/consultancy staff at the institution, including their qualifications)

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5. Financial Resources (Provide information on sources and availability of financial resources to meet administrative costs)

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6. Physical Infrastructure (Provide information on available and appropriate physical infrastructure to support research, including administrative office(s) and where applicable laboratories and demonstration sites)

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7. Technological facilities (Provide information on available and appropriate technological systems to support research operations such as computing facilities and internet)

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8. Health and safety (Provide information on water and sanitation services at the premises, health and safety measures and facilities for staff. Evidence of compliance to health and safety regulations is required)

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9. Quality assurance provisions (information on mechanisms for assuring the quality of research, including publications and innovation products)

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DECLARATION

I/We, ……, hereby declare that the information given above is true and correct to the best of my/our 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