

S/D of S/DA of Farm No. 85a Chirundu Road. Turn Pike, Chikankata District. P.O. Box FW 271 Email:twinpalmleadershipuniversity1@gmail.com Tel: +260 971427026

Few Kilometers from Mazabuka- Chirundu Junction,

APPLICATION FORM

GENERAL INSTRUCTIONS

- 1. Fill in this form in block letters
- 2. Attach copies of the following
 - •A copy of a transcript of the highest academic paper you have attended.
 - •A copy of your NRC, CV (for the working class) and 2 passport size photos

PERSONAL INFORMATION

First Name:	Surname:			Other
Age (Date, Month and	Year of birth):	\mathcal{M}		Sex
Nationality:		_NRC/Passport 1	No:	Cell
FAMILY INFORMA	TION	V		
Marital status: Married	Single	Divorce	_ Widowed	Number of Children
Tribe:	Next of kin	Relationship		
Cell for next of kin:				
EDUCATION INFOR	RMATION			
Grade attained:	V	'O' level:		Year:
PROFESSIONAL INI	FORMATION	TOTA		
Cert/Dip/Deg/Masters: Y	ear			
College/University attend	led:			
MEDICAL INFORM or other medical condit	`		•	allergies, illness, disabilities no in the box provided)
Do you have high blood	d pressure?	Do you have/	had asthma? _	
Do you have any Cardi	ac problem? _	Do you have	any physical c	ondition that cause pain
Do you have a history of	passing out?			

Website: www.tplu.org Email: twinpalmleadershipuniversity1@gmail.com

COURSE INFORMATION (tick the course you want to pursue) LEADERSHIP SCHOOL OF LIFE EMPOWERMENT *Boot camp* _____ LEADERSHIP SCHOOL OF THEOLOGY Diploma in theology____ Bachelors of theology LEADERSHIP SCHOOL OF EDUCATION Diploma programs **Bachelor's Program** Early childhood teacher's diploma_____ Bachelors of education in early childhood_____ Primary teacher's diploma ______Bachelors of Education in primary_____ Junior secondary teacher's diploma______ Bachelors of Education (Secondary teaching) _____ **Subject Combination:** (in case of secondary teaching; see the prospectus for the subject) • Major_____ • Minor____ LEADERSHIP SCHOOL OF BUSINESS Bachelors of business administration Bachelors of Business Administration with Education LEADERSHIP SCHOOL OF AGRICULTURE SCIENCE Diploma in General Agriculture_____ Bachelor's of General Agriculture___ Bachelors of Science in Agriculture ___ Declaration: I do State the above information is accurate to the best of my knowledge and that I will obey the University rules Signature: _______ Date: FOR OFFICIAL USE ACCEPTED_____ REJECTED____ by: ______ sign: ______

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