



**ZAMBIA INSTITUTE FOR MEDICAL AND
PSYCHOLOGICAL STUDIES**

Admissions Office: P.O. Box 38963, Lusaka, Zambia.

Phone: +260966287198/+260976469790

Website: <https://www.zimpsonline.com>

Email: info@zimpsonline.com

Facebook: Zambia Institute for Medical and Psychological studies

**PASSPORT
SIZE
PHOTO
HERE**

APPLICATION FOR ADMISSION

**OFFICIAL
USE
ONLY**

RECEIPT #:

INSTRUCTIONS

- Please read through the form carefully before filling
- Provide information where appropriate
- Enclose an academic reference
- Attach all supporting certified documents (i.e. grade 12 results, NRC and or other qualifications)
- Applications must be sent to admissions@zimpsonline.com
- Please write in Block and mark with an 'X' where appropriate e.g.

PROGRAMME INFORMATION

First Choice _____ (Refer to Page 5)

Second choice _____

INTAKE: JAN JUNE YEAR: 2020 2021 2022

PERSONAL INFORMATION

Surname (Mr. /Mr. /Ms. /Dr): _____

Other names: _____

SEX: Male Female Date of Birth

Marital Status: Married Single

Nationality: _____

National Registration Card No: _____/_____/____

If non- Zambian, Passport No: _____

CONTACT DETAILS

Telephone No: _____ Mobile Phone No: _____

Email Address: _____ Fax: _____

Postal Address: _____

Residential Address: _____

NEXT OF KIN

Name: _____ Relationship: _____

Address: _____

Mobile Phone No: _____ Email Address: _____

ACADEMIC BACKGROUND
(Attach certified copies of transcripts and certificates)

Previous Education Institution Attended (Secondary and University/College)	From	To	Qualification Obtained
1			
2			

ARE YOU EMPLOYED? YES NO

Employer: _____

Period: _____

Position Held: _____

Nature of responsibility:

Personal Brief

In what way do you feel the programme of study will affect your career development?

Do you have any permanent injury, illness or disability which may affect your ability to study?

Yes No

If yes, please describe the nature of the injury, disability or illness

How did you know about the ZIMPS Programmes?

Advertisement on TV Advertisement on Radio Newspaper

Brochure Personal Recommendation ZIMPS website

Other (please specify)

Application Form Checklist for Applicants

- 1.High School Certificate or Statement of results
- 2.National Registration Card/Passport/Drivers License
- 3.Attach two Passport Size Photo
- 4.Appilcation form completely filled out accurately
- 5.Paymet for application form attached (**Deposit slip**)

NOTE: You are required to tick and verify that you have correctly completed your application

DECLARATION

I certify that the information given in this application and supporting documents is accurate and complete. I understand that ZIMPS reserves the right to reverse any offer of admission made on the basis of inaccurate information.

Signature _____ Date _____

DIPLOMA PROGRAMMES

- Diploma in Registered Nursing
- Diploma in Public Health
- Diploma in Environmental Health
- Diploma in Occupational Health
- Diploma in Social Work
- Diploma in Community Development
- Diploma in Sociology and Philosophy
- Diploma in Primary School Teacher

CERTIFICATE AND PROFESSIONAL COURSES

- Certificate in Nursing Assistant
- Certificate in TB/HIV/AIDS Management
- Certificate in Special Education
- Certificate in Child Counselling
- Certificate in Psychosocial Counselling
- Certificate in Alcohol and Drug addiction Rehabilitation
- Certificate in Post Natal/Ante Natal Care

APPLICATION FORM COST (Non-refundable)

Diploma course-K150

Certificate course-K100

Payments should be made to the following accounts:

Bank details

Account Name: Zambia Institute for Medical and Psychological Counselling

Account Number: **5734911500168**

Bank Name: ZANACO

Branch: Manda Hill