

GOVERNMENT OF ZAMBIA

STATUTORY INSTRUMENT NO. 2 OF 2016

The Teaching Profession Act
(Act No. 5 of 2013)

**Teaching Profession (Registration and Accreditation)
Regulations, 2016**

IN EXERCISE of the powers contained in section *fifty-nine* of the Teaching Profession Act, 2016 the following Regulations are made:

- | | |
|---|--|
| 1. These Regulations may be cited as the Teaching Profession (Registration and Accreditation) Regulations, 2016. | Title |
| 2. In these Regulations unless context otherwise requires— | Interpretation |
| “Act ” means the Teaching Profession Act, 2013; | Act No. 5 of 2013 |
| “Council ” means the Teaching Council of Zambia established under section <i>three</i> of the Act; | |
| “Registrar ” means the person appointed as Registrar under section <i>seven</i> of the Act; | |
| “teacher ” has the meaning assigned to it in the Act; and | |
| “college of education ” has the meaning assigned to it in the Act. | |
| 3. (1) A person who wishes to be registered as a teacher shall apply to the Council for registration in Form I set out in the First Schedule. | Application for registration |
| (2) The Council shall, where it accepts an application, inform the applicant in Form II set out in the First Schedule. | |
| (3) The Council shall, where it rejects an application, inform the applicant in Form III set out in the First Schedule. | |
| 4. The Council shall issue the successful applicant with a certificate of registration in Form IV set out in the First Schedule. | Certificate of registration |
| 5. (1) A registered teacher shall apply to the Council for a practising certificate in Form V set out in the First Schedule. | Application for practicing certificate |
| (2) A practising certificate is in Form VI set out in the First Schedule. | |

	<p>(3) The Council shall where it rejects an application inform the applicant, in Form VII set out in the First Schedule.</p>
Renewal of practising certificate	<p>6. A teacher shall apply for renewal of a practising certificate in Form V set out in the First Schedule.</p>
Duplicate certificate	<p>7. (1) A person whose certificate of registration or practising certificate is destroyed or lost may apply to the Registrar for a duplicate certificate in Form VIII set out in the First Schedule.</p> <p>(2) The Registrar may, upon receipt of an application under subsection (1), issue a duplicate certificate of registration or practising certificate, in Form IX or Form X set out in the First Schedule respectively.</p>
Application for approval or renewal of training programme	<p>8. (1) A college of education that intends to offer training in the teaching profession shall apply to the Council for approval or renewal of the training programme in Form XI set out in the First Schedule.</p> <p>(2) The Council shall where it approves a training programme issue a College of Education Training Programme Certificate in Form XII set out in the First Schedule.</p>
Application for accreditation or renewal of accreditation	<p>9. A college of education shall apply to the Council for accreditation or renewal of accreditation in Form XIII set out in the First Schedule.</p>
Grant of accreditation	<p>10. (1) The Council shall, where a College of Education meets the requirements for grant of accreditation issue a notice of accreditation in Form XIV set out in the First Schedule.</p> <p>(2) A Certificate of accreditation is in Form XV set out in the First Schedule.</p>
Grant of Provisional accreditation	<p>11. The grant of provisional accreditation is in Form XVI set out in the First Schedule.</p>
Refusal to grant accreditation	<p>12. The Council shall where it rejects an application for accreditation, inform the applicant in Form XVII set out in the First Schedule.</p>
Application to be made by 31st October	<p>13. An application for renewal of accreditation shall be made by 31st October in the year preceding the year for which the renewal of accreditation is applied.</p>
Fees	<p>14. The fees set out in the Second Schedule are the prescribed fees for the matters specified in the Schedule.</p>

FIRST SCHEDULE
(Regulations 3, 4, 5, 6, 7, 8, 9,10, 11, 12 and 13)
PRESCRIBED FORMS

FORM I
(Regulation 3)



Latest
passport
size photo

THE TEACHING COUNCIL OF ZAMBIA

APPLICATION FOR REGISTRATION AS A TEACHER

Please write in BLOCK LETTERS

[Please tick] ☐ **Zambian Applicant**

☐ **Non-Zambian Applicant**

Class of teacher applied for:

1.	Personal Information	Please complete
	Surname	
	Forename	
	Maiden Name	
	ID/NRC: Number	
	Passport Number	
	TS Number <i>(where applicable)</i>	
	Employee Number <i>(where applicable)</i>	
	Work permit Number <i>(where applicable)</i>	
	Date of birth	
	Student-Teacher Index Number (STIN)	
	Nationality	
	Sex	
	Postal address	
	Fax	
	Mobile Phone Number(s)	
	E- mail Address	
	Marital status	
2.	Residential Address	
	House Number	
	Street	
	District	
	Province/State	
	Country	
3.	Particulars of next of kin	
	Name	
	Relationship	
	Postal address	
	Town	
	Phone Number	
	Fax	
	E-mail Address	

ACADEMIC AND PROFESSIONAL DETAILS

Academic Progression

4	Level	Year of Entry	Year of Completion
	Early Childhood Education		
	Primary		
	Junior Secondary		
	Senior Secondary		
	College of Education		
	University College		
	University		
	Other (specify)		

Academic Qualification

5	Category	Qualification/level	Name of Institution	Examining Body	Year obtained	District, Province/State, Country
	Primary					
	Secondary					
	College					
	Universities					

Professional Qualifications

6	Qualification	Name of Institution	Examination Board	Certificate	Year obtained	District, Province/State Country

**If you need more space, write and attach on a separate sheet*

Other Qualifications

7	Qualification	Name of Institution	Period (month/year)		District, Province/State Country
			From/To		

Short Courses

8	Qualification	Name of Institution	Period (month/year)		District, Province/State Country
			From/To		

Length of Service as a Teacher

	Number of years	Tick	Public	Private
	0 – 4			
	5 - 8			
	9 -10			
	11 - 14			
	15 and above			

LEVEL OF QUALIFICATION AND FIELD OF SPECIALISATION

9	Highest Qualification (Certificate, Diploma, Bachelor's degree, Masters, Doctorate)	Field of specialisation of training (State your specialisation: e.g. ECE, primary education, secondary subject major and minor, etc.	Trained in Zambia or outside Zambia

EMPLOYMENT STATUS *(circle an appropriate response)*

	Are you currently:	(a) Employed	(b) Unemployed	(c) Retired
	Are you working in Zambia?			Yes No
	Are you currently working as a teacher?			Yes No
	Are you currently working as a teacher-trainer in a college of education?			Yes No
	Are you currently working as an administrator in education?			Yes No
	Are you a retiree but employed?			Yes No
	Are you a retiree but self-employed?			Yes No
	Are you self-employed?			Yes No
	Are you a proprietor of a school?			Yes No

If your answer to 4.3, 4.4 and 4.5 above is “No”, state your employment status

.....

If you are working, state:

	Position / Designation	
	Name of Employer (Organisation or Institution)	
	Current field of practice	
	Postal address	
	Town	
	Phone Number	
	Fax	
	E-mail Address	

Current Practising Status *(Tick as many as possible)*

		Tick	State specific work station (school, district office, etc.)
	Full Time		
	Part Time		
	Secondment		
	Fixed Contract		
	Attachment		
	Other (specify)		

Employment History and Curriculum Vitae

10	Areas where you have worked	Status of institution (Public, private, community, grant-aided, faith-based, etc)	Position Held	Period	
				From	To
	Pre-school				
	Primary School				
	Special Education Primary school				
	Secondary School				
	Special education Secondary School				
	College of education				
	Other Colleges				
	Special Education College				
	University-College				
	University				
	Special Education Assessment and Rehabilitation Centre				
	Counselling Centre				
	Zone Resource Centre				
	District Resource Centre				
	Provincial Resource Centre				
	District Education Office				
	Provincial Education Office				
	School for Continuing Education				
	National Science Centre				
	Examinations Council of Zambia				
	Teaching Council of Zambia				
	Higher Education Authority				
	Zambia Qualifications Authority				
	Curriculum Development Centre				
	Education Broadcasting Service				
	Ministry Headquarters				
	Teacher Unions				
	Others, specify				

Work Experience with institutions (*Tick as many as possible*)

	Category of employment	Tick	Position Held	Duration
	Government			
	Mission			
	Private			
	Defence			
	Non-Governmental Organisation			
	Others			

For International (Non Zambian) Applicants, the Following Must be Submitted:

1. Academic and Professional qualifications
2. Proof of legal entry into the Country
3. Professional reference letter(s) from immediate former supervisor(s)
4. Attach recommendation letter from a recognised institution
5. Application forms must be accompanied by an offer of employment
6. Proof of registration as a teacher from country of origin
7. For applicants from non-English speaking countries, proof of English Language proficiency from a recognised English Language testing centre

DECLARATION

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

.....
Signed *Date:*

Contact(s) number (Cell).....

Please return the duly completed form including proof of payment of fees to:

The Registrar
The Teaching Council of Zambia
P.O. Box 35700
LUSAKA, ZAMBIA
Tel. +260 211 240360, 240334

N.B: *All foreign qualifications must be verified by the relevant quality assurance bodies before submission.*

FOR OFFICIAL USE

Comment by the Teaching Council of Zambia.

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Application granted/rejected

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Signed

Date:

Full name:

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Designation



THE TEACHING COUNCIL OF ZAMBIA
The Teaching Profession Act
(Act No. 5 of 2013)

Teaching Profession (Registration and Accreditation) Regulations, 2015.

NOTICE OF GRANT OF TEACHER REGISTRATION APPLICATION

To.....

IN THE MATTER OF.....

You are hereby notified that your application for teacher registration has been accepted on the following conditions:

- (a) This registration is not transferrable in any way.
- (b) There is adherence to the provisions in the Teaching Profession Act No. 5 of 2013, the Code of Ethics and Conduct for the Teaching Profession in Zambia and the Teaching Council Guidelines and other regulations.
- (c) Failure to adhere to Guidelines, the code of ethics and conduct, and the Teaching Profession Act No. 5 and other regulations would lead to revocation of this certificate.
- (d) In the event that the registration certificate is revoked, you are expected to surrender the certificate and this notice back to the Teaching Council of Zambia.

Date thisday of..... 20.....

Signed :

.....
Registrar

Teaching Profession (Registration and Accreditation) Regulations, 2015.

To.....

IN THE MATTER OF.....

You are notified that your application for.....
has been rejected on the following grounds:.....

[illegible]

Date this day of 20.....

Signed :

.....

Registrar



THE TEACHING COUNCIL OF ZAMBIA
CERTIFICATE OF TEACHER REGISTRATION

This is to certify that

.....

has been registered as a

.....

for the period.....to.....

Date thisday of..... 20.....

Signed :

.....

Registrar



Latest
passport
size photo

THE TEACHING COUNCIL OF ZAMBIA
The Teaching Profession Act
(Act No. 5 of 2013)

Teaching Profession (Registration and Accreditation) Regulations, 2015.

APPLICATION OR RENEWAL OF PRACTICING CERTIFICATE

[Please tick] **Zambian Applicant** ☐ **Non-Zambian Applicant** ☐

Class of teacher applied for:

Type of Application: **1. Initial** ☐ **2. Renewal** ☐

Please write in BLOCK LETTERS

SECTION 1: PERSONAL PARTICULARS

	<i>Personal Information</i>	<i>Please complete</i>
1.1	Surname	
1.2	Forename	
1.3	Maiden Name	
1.4	ID/NRC: Number	
1.5	Passport Number	
1.6	TS Number <i>(where applicable)</i>	
1.7	Employee Number <i>(where applicable)</i>	
1.8	Permit Number <i>(where applicable)</i>	
1.9	Date of birth	
1.10	TCZ Registration Number	
1.11	Nationality	
1.12	Sex	
1.13	Postal address	
1.14	Fax	
1.15	Mobile Phone Number(s)	
1.16	E- mail Address	
1.17	Marital status	
	Residential Address	
1.18	House Number	
1.19	Street	
1.20	District	
1.21	Province/State	
1.22	Country	

	Particulars of next of kin	
1.23	Name	
1.24	Relationship	
1.25	Postal address	
1.26	Town	
1.27	Phone Number	
1.28	Fax	
1.29	E-mail Address	

SECTION 2: ACADEMIC AND PROFESSIONAL DETAILS

2.1 Academic Progression

<i>S/N</i>	<i>Level</i>	<i>Year of Entry</i>	<i>Year of Completion</i>
2.1.1	Early Childhood Education		
2.1.2	Primary		
2.1.3	Junior Secondary		
2.1.4	Senior Secondary		
2.1.5	College of Education		
2.1.6	University College		
2.1.7	University		
2.1.8	Other (specify)		

2.2 Academic Qualifications

<i>S/N</i>		<i>Qualification/level</i>	<i>Name of Institution</i>	<i>Examining Body</i>	<i>Year obtained</i>	<i>District, Province/ StateCountry</i>
2.2.1	Primary					
2.2.2	Secondary					
2.2.3	College					
2.2.4	Universities					

2.3 Professional Qualifications

S/N	Qualification	Name of Institution	Examination Board	Certificate	Year obtained	District, Province/State Country
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**If you need more space, write and attach on a separate sheet*

2.4 Other Qualifications

S/N	Qualification	Name of Institution	Period (month/year)		District, Province/State Country
			From/To		
1					
2					
3					
4					
5					

2.5 Short Courses

S/N	Qualification	Name of Institution	Period (month/year)		District, Province/State Country
			From/To		
1					
2					
3					
4					
5					

2.6 Length of Service as a Teacher

S/N	Number of years	Tick	Public	Private
1	0 – 4			
2	5 - 8			
3	9 -10			
4	11 - 14			
5	15 and above			

SECTION 3: LEVEL OF QUALIFICATION AND FIELD OF SPECIALISATION

S/N	Highest Qualification (Certificate, Diploma, Bachelor's degree, Masters, Doctorate)	Field of specialisation of training (State your specialisation: e.g. ECE, primary education, secondary subject major and minor, etc.	Trained in Zambia or outside Zambia
1			
2			
3			

SECTION 4: EMPLOYMENT STATUS *(circle an appropriate response)*

4.1	Are you currently:	(a)Employed	(b)Unemployed	(c) Retired
4.2	Are you working in Zambia?			Yes No
4.3	Are you currently working as a teacher?			Yes No
4.4	Are you currently working as a teacher-trainer in a college of education?			Yes No
4.5	Are you currently working as an administrator in education?			Yes No
4.4	Are you a retiree but employed?			Yes No
4.5	Are you a retiree but self-employed?			Yes No
4.6	Are you self-employed?			Yes No
4.7	Are you a proprietor of a school?			Yes No

If your answer to 4.3, 4.4 and 4.5 above is “No”, state your employment status

If you are working, state:

4.8	Position / Designation	
4.9	Name of Employer (Organisation or Institution)	
4.10	Current field of practice	
4.11	Postal address	
4.12	Town	
4.13	Phone Number	
4.14	Fax	
4.15	E-mail Address	

Current Practising Status *(Tick as many as possible)*

		<i>Tick</i>	<i>State specific work station (school, district office, etc.)</i>
4.16	Full Time		
4.17	Part Time		
4.18	Secondment		
4.19	Fixed Contract		
4.20	Attachment		
4.21	Other <i>(specify)</i>		

Employment History and Curriculum Vitae

	Areas where you have worked	Status of institution (Public, private, community, grant-aided, faith-based, etc)	Position Held	Period	
				From	To
4.22	Pre-school				
4.23	Primary School				
4.24	Special Education Primary school				
4.25	Secondary School				
4.26	Special education Secondary School				
4.27	College of education				
4.28	Other Colleges				
4.29	Special Education College				
4.30	University-College				
4.31	University				
4.32	Special Education Assessment and Rehabilitation Centre				
4.33	Counselling Centre				
4.34	Zone Resource Centre				
4.35	District Resource Centre				
4.36	Provincial Resource Centre				
4.37	District Education Office				
4.38	Provincial Education Office				
4.39	School for Continuing Education				
4.40	National Science Centre				
4.41	Examinations Council of Zambia				
4.42	Teaching Council of Zambia				
4.43	Higher Education Authority				
4.44	Zambia Qualifications Authority				
4.45	Curriculum Development Centre				
4.46	Education Broadcasting Service				
4.47	Ministry Headquarters				
	Teacher Unions				
4.48	Others, specify				

Work Experience with institutions (*Tick as many as possible*)

	<i>Category of employment</i>	<i>Tick</i>	<i>Position Held</i>	<i>Duration</i>
4.49	Government			
4.50	Mission			
4.51	Private			
4.52	Defence			
4.53	Non-Governmental Organisation			
4.54	Others			

For International (Non Zambian) Applicants, the Following Must be Submitted:

1. Academic and Professional qualifications
2. Proof of legal entry into the Country
3. Professional reference letter(s) from immediate former supervisor(s)
4. Attach recommendation letter from a recognised institution
5. Application forms must be accompanied by an offer of employment
6. Proof of registration as a teacher from country of origin
7. For applicants from non-English speaking countries, proof of English Language proficiency from a recognised English Language testing centre

DECLARATION

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

.....
Signed *Date:*

Contact(s) number (Cell).....

Please return the duly completed form including proof of payment of fees to:

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P.O. Box 35700
LUSAKA, ZAMBIA
Tel. +260 211 240360, 240334

N.B: All foreign qualifications must be verified by the relevant quality assurance bodies before submission.

FOR OFFICIAL USE

Comment by the Teaching Council of Zambia.

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Application granted/rejected

.....

Signed *Date:*

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Designation



THE TEACHING COUNCIL OF ZAMBIA
TEACHER PRACTISING CERTIFICATE

This is to certify that

.....

has been granted certificate to practice as a

.....

for the period.....to.....

Date thisday of..... 20.....

Signed :

.....

Registrar

Teaching Profession (Registration and Accreditation) Regulations, 2015.

To.....

IN THE MATTER OF.....

You are notified that your application for.....

has been rejected on the following grounds:.....

A **B** **C** **D** **E** **F** **G** **H** **I** **J** **K** **L** **M** **N** **O** **P** **Q** **R** **S** **T** **U** **V** **W** **X** **Y** **Z**

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Date this day of 20.....

Signed :

.....

Registrar



Latest
passport
size photo

THE TEACHING COUNCIL OF ZAMBIA
The Teaching Profession Act
(Act No. 5 of 2013)

Teaching Profession (Registration and Accreditation) Regulations, 2015.

APPLICATION OR RENEWAL OF PRACTICING CERTIFICATE

[Please tick] **Zambian Applicant** ☐ **Non-Zambian Applicant** ☐

[Please tick] **Registration Certificate** ☐ **Practising Certificate** ☐

Please write in BLOCK LETTERS

PERSONAL PARTICULARS

1	Personal Information	Please complete
	Surname	
	Forename	
	Maiden Name	
	ID/NRC: Number	
	Passport Number	
	Work permit Number (where applicable)	
	TS Number (where applicable)	
	Employee Number (where applicable)	
	TCZ Registration Number	
	Date of birth	
	Current profession	
	Nationality	
	Sex	
	Postal address	
	Fax	
	Phone Number	
	E- mail Address	
	Marital status	
2	Residential Address	
	House Number	
	Street	
	District	
	Province/State	
	Country	

2	Residential Address	
	House Number	
	Street	
	District	
	Province/State	
	Country	
3	Particulars of next of kin	
	Name	
	Relationship	
	Postal address	
	Town	
	Phone Number	
	Fax	
	E-mail Address	

SECTION 2: REPLACEMENT OF LOST/DAMAGED CERTIFICATE

TCZ Registration/Practicing Certificate.....

Certificate Number.....

Year issued.....

Circumstances which led to loss or damage of the certificate.....

.....

.....

.....

(Attach police reports, sworn affidavit, damaged certificate and any other supporting documents to justify your application)

DECLARATION

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

Signed: Date:

Contact(s) number (Cell).....

Please return the duly completed form including proof of payment of fees to:

The Registrar
The Teaching Council of Zambia
P.O. Box 35700
LUSAKA, ZAMBIA
Tel. +260211 - 240360, 240334

FOR OFFICIAL USE ONLY

Comments by the **Teaching Council of Zambia.**

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Application granted/rejected

Date thisday of..... 20.....

Signed :

.....

Registrar



THE TEACHING COUNCIL OF ZAMBIA

DUPLICATE

CERTIFICATE OF TEACHER REGISTRATION

This is to certify that

.....
has been registered as a

.....
.....

Date this day of 20.....

Signed :

.....
Registrar



THE TEACHING COUNCIL OF ZAMBIA
DUPLICATE
TEACHER PRACTISING CERTIFICATE

This is to certify that

.....
has been granted certificate to practice as a
.....
.....

Date thisday of..... 20.....

Signed :

.....
Registrar



THE TEACHING COUNCIL OF ZAMBIA
The Teaching Profession Act
(Act No. 5 of 2013)

Teaching Profession (Registration and Accreditation) Regulations, 2015.

**APPLICATION FOR APPROVAL OR REVIEW OF TEACHER-TRAINING
PROGRAMME**

To be completed in triplicate:

1. Original to the Registrar TCZ
2. Duplicate to the TCZ District Inspector
3. Triplicate to be retained by applicant

Initial

Review

Write clearly in **BLOCK** letters and tick where necessary

PART 1: PARTICULARS OF THE INSTITUTION

Name of Institution:

TCZ Accreditation Number:

Postal Address:

District: Province:

Location: Urban ☐ Peri-urban ☐ Rural ☐ Remote ☐

Physical Location:

.....

Telephone Number: Fax:

Institutional Mobile Number(s):

E-mail address:

Status of the Institution:

Private	<input type="checkbox"/>
Public	<input type="checkbox"/>
Community	<input type="checkbox"/>
International	<input type="checkbox"/>
Grant-aided	<input type="checkbox"/>
Agency	<input type="checkbox"/>
Faith-based	<input type="checkbox"/>

Others: specify

Classification of Institutions:

Early Childhood Education College

Primary Education College

Secondary Education College

Special Education College

Other specify:

Student Enrolment:

Target group for full time programmes.....

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Entry qualifications.....

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Target group for distance programmes.....

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Entry qualifications.....

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.....

Target group for any other mode of study and entry qualifications
(specify).....

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Student enrolment by mode of study and by gender (*where applicable*)

	<i>Mode of Study</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
	Full Time			
	Part Time			
	Distance			
	On-line			
	Grand Total			

Staffing Details

<i>Staff Category</i>	<i>Female</i>		<i>Male</i>		<i>Total</i>
	<i>Part Time</i>	<i>Full Time</i>	<i>Part Time</i>	<i>Full Time</i>	
Administrative					
Teaching					
Support					

Details of Teaching Staff

Provide a list of all teaching staff and their qualifications on the separate sheet and attach it at the end of this form.

Attach a set of certified photo copies of professional and academic certificates of each member of the teaching staff including certificate of registration from the TCZ. Original certificates to be shown to the inspectors on demand.

Affiliation Status:

Is the institution affiliated to any other institution or organization inside or outside Zambia?

Yes ☐ No ☐ If Yes specify:

Is the institution registered under any other legal provision (Act) in Zambia?

Yes ☐ No ☐ If Yes attach copy of registration

PART 2: CURRICULUM: PROGRAMMES APPLIED FOR

State general rationale for each programme applied for.....

[illegible]

(If need be, write on a separate sheet)

Outline aims/objectives of programmes applied for:.....

[illegible]

Indicate programme(s) offered or applied for

	<i>Programme</i>	<i>Duration</i>	<i>Qualification Level</i>	<i>Mode of Delivery</i>	<i>Programme Affiliation</i>

(If need be, write on a separate sheet)

Attach details of college courses offered under each programme number of hours per week and total duration for each course.

State the type of fees charged and amounts *(e.g. application/enrolment, tuition)*

	<i>Programme</i>	<i>Application fees</i>	<i>Boarding fees</i>	<i>Tuition Fees</i>				
				<i>Full time</i>	<i>Part time</i>	<i>Open distance</i>	<i>Parallel/ evening</i>	<i>On-line</i>
	ECE							
	Primary Diploma							
	Secondary Diploma							
	Teaching Methods							
	Others(<i>specify</i>)							

State the main course delivery strategies *(approaches, methods, strategies of teaching and learning)*

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Justify the choice and use of the delivery strategies stated in 2.4. above.

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Provision of opportunity to study cross-cutting issues or themes:

Does the programme provide for the study of cross-cutting issues such as gender issues, sexuality issues, family reproductive health concerns, environmental issues, national security issues, health, diet, sport and recreation within the community, region or at national levels, etc?

Yes ☐ No ☐

If Yes, which ones of the cross-cutting issues or themes are covered by your programme in relation to the local community, region or nation and how are they delivered?

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(provide proof of this coverage)

If No, state the limitations that prevent you from exposing your students to the knowledge of cross-cutting issues, themes or concerns.....

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Outline the Co-curricular activities planned and offered by the programmes.

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State how the outlined Co-curricular activities are executed.

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PART 3: ASSESSMENT MODALITIES

Course work: Indicate forms of assessment used by your programme.

<i>Type of Examination</i>	<i>Confirm by ticking</i>	<i>Number of Papers per Examination</i>
Assignments		
Classroom test		
Projects		
Take away test		
presentations		
Reports		
Classroom research		
Library research		
Field research		

Other forms of Continuous Assessment (*specify*)

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Note: *Provide samples for each of the items ticked as proof*

Examinations. Which of the examination types does your programme.

<i>Type of Examination</i>	<i>Confirm by ticking</i>	<i>Number of Papers per Examination</i>
Mid-term Examinations		
End of term Examinations		
Mid-year Examinations		
Promotion Examinations		
Final/Diploma Examination		
Referral Examination		
Deferred Examination		

Other forms of examinations (*specify*)

.....

.....

.....

Note: (*Provide samples for each of the item ticked as proof*).

State the number of times students go on School Experience (Teaching Practice) per Programme

<i>Level</i>	<i>Number of times students go on SE(TP)</i>	<i>Duration of SE(TP)</i>	<i>Minimum number of times a student is monitored</i>
Certificate			
Advanced certificate			
Diploma			
Advanced Diploma			
Degree			

QUALITY ASSURANCE STRATEGIES

Internal Quality Assurance on course content and delivery

Explain how you insure that there is quality in the preparation of lectures/lessons?

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.....

How do you ensure that there is quality in the teaching and learning of the course content?

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External Quality Assurance: State how you ensure external quality assurance on the aspects above?

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Internal Quality Assurance on Assessment

Explain how insure that there is quality preparation of assessment?

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.....

How do you ensure that there is quality in the execution of assessment?

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.....

External Assurance on Assessment: State your external quality assurance strategies on both preparation and execution of assessment stated in above.

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Post Assessment Information Management

State the strategies used to ensures security and safety of examination scripts and Information during and after every examination:

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How is computation, compilation, moderation and publication of assessment carried out?

.....

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.....

What role do the external assessors play in the final assessment of your students?

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.....

How is the computed assessment results analysis used in decision making?

.....

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.....

Provide the assessment results analysis indicating final pass performance of your students for the past 3 years (*where applicable*).

DECLARATION

I.....(full names) on behalf of the above mentioned institution, do hereby certify that the above information is true, correct and complete. I also hereby understand that should any of the above information be found to be false, this application shall be rendered null and void

Signed Date:

Designation:.....

Please return the duly completed form with certified copies of accademic and professional certificates including proof of payment of fees to:

The Registrar
The Teaching Council of Zambia
P.O. Box 35700
LUSAKA, ZAMBIA
Tel. +260 211 240360, 240334

N.B: All foreign qualifications must be verified by the relevant quality assurance bodies before submission.

FOR OFFICIAL USE

Comment by the Teaching Council of Zambia.

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Approved/Not Approved

Date thisday of..... 20.....

Signed :

.....

Registrar



THE TEACHING COUNCIL OF ZAMBIA
The Teaching Profession Act
(Act No. 5 of 2013)

Teaching Profession (Registration and Accreditation) Regulations, 2015.
COLLEGE OF EDUCATION TEACHER TRAINING PROGRAMME

CERTIFICATE

This is to certify that

.....

has been granted **APPROVAL** for the following **TEACHER TRAINING PROGRAMME (S)**:

1.
2.
3.
4.

for the period:to.....

This approval is not transferrable

Date thisday of..... 20.....

Signed :

.....

Registrar



THE TEACHING COUNCIL OF ZAMBIA
The Teaching Profession Act
(Act No. 5 of 2013)

Teaching Profession (Registration and Accreditation) Regulations, 2015.

**APPLICATION FOR ACCREDITATION OR RENEWAL OF ACCREDITATION
FOR COLLEGE OF EDUCATION**

To be completed in triplicate:

1. Original to the Registrar TCZ
2. Duplicate to the TCZ District Inspector
3. Triplicate to be retained by applicant

Type of Application: **Initial** ☐ **Review** ☐

Write clearly in BLOCK letters and tick where necessary

PART 1: PARTICULARS OF THE INSTITUTION

Name of Institution:

TCZ Accreditation Number:

Postal Address:

District: Province:

Location: Urban ☐ Peri-urban ☐ Rural ☐ Remote ☐

Physical Location:

.....

Telephone Number: Fax:

Institutional Mobile Number(s):

E-mail address:

Status of the Institution:

Private	<input type="checkbox"/>
Public	<input type="checkbox"/>
Community	<input type="checkbox"/>
International	<input type="checkbox"/>
Grant-aided	<input type="checkbox"/>
Agency	<input type="checkbox"/>
Faith-based	<input type="checkbox"/>

Others: specify

Classification of Institutions:

Early Childhood Education College	
Primary Education College	
Secondary Education College	
Special Education College	

Student enrolment:

	<i>Mode of Study</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
	Full Time			
	Part Time			
	Distance			
	On-line			
	Grand Total			

Staffing Details

<i>Staff Category</i>	<i>Female</i>		<i>Male</i>		<i>Total</i>
	<i>Part Time</i>	<i>Full Time</i>	<i>Part Time</i>	<i>Full Time</i>	
Administrative					
Teaching					
Support					

1.10.2. Details of Teaching Staff

- Provide a list of all **teaching staff** on the separate sheet attached at the end of this form.
- Attach set of certified photo copies of professional and academic certificates of each member of the teaching staff including certificate of registration from the TCZ. Original certificates to be shown to the inspectors on demand later

Affiliation Status:

Is the institution affiliated to any other institution or organization inside or outside Zambia?

Yes ☐ No ☐

If yes specify:

Is the institution registered under any other legal provision (Act) in Zambia?

Yes ☐ No ☐ If yes attach copy of registration

PART 2: MANAGEMENT

Particulars of the Proprietor(s)

	Name	Gender	ID number	Professional Qualification	Phone No.

Board of Governors/Directors

Shareholders and their contact numbers

List down shareholders and their contact numbers

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

(For 2.1, 2.2 and 2.3 you may write additional information on a separate sheet)

PART 3: CURRICULUM

Programme(s) offered

SN	Programme	Duration	Qualification Level	Mode of Delivery	Programme Affiliation

(If need be, write on a separate sheet)

College courses offered under each programme and duration

Certificate level:

Diploma level:

Degree level:

.....

Full Time ☐ Part time ☐ Parallel ☐ Evening classes ☐ Distance ☐ On-line ☐

State the type of fees charged and amounts (e.g. application/enrolment, tuition)

Uniform or specialized attire required (if any):

Admission requirements:

			II	Debit
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(You may write additional information on a separate sheet)

Examination Results

Level	Year	No. Entered	No. sat	No.	No.	No.	No.	No.	%	Total
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[illegible]

School Experience (Teaching Practice) Results

Level	Year	Passed		Failed		Deferred		Referred		% pass		Total % pass
		M	F	M	F	M	F	M	F	M	F	
Certificate												
Advanced certificate												
Diploma												
Advanced Diploma												
Degree												

State the number of times students go on School Experience(Teaching Practice) per programme

Level	Number of times students go on SE(TP)	Duration of SE(TP)	Minimum number of times a student is monitored
Certificate			
Advanced certificate			
Diploma			
Advanced Diploma			
Degree			

PART 5. INSTITUTIONAL FACILITIES

State whether buildings used are

Owned ☐ Rented ☐ Leased ☐ Other specify.....

(If leased, attach copy of lease

Infrastructure

	Item	Number	Ordinary	Special Education Needs user Friendly	Available Furniture
	Offices				
	Classrooms				
	Staff room				
	Lecture Rooms				
	Lecture Theatres				
	Home Economics				
	Special Needs Specialized room				
	Design and Technology				
	ICT Room(s)				
	Laboratory				
	Library				
	Tuck-shop/canteen				
	College hall				
	Sports hall				
	Play grounds				
	Hostels				
	Toilets				

State the possible maximum number of students accommodated per class:

Toilets

	Facility	Staff		Student	
		Male	Female	Male	Female
	Water borne				
	VIP Latrine				
	Shower rooms				
	Other specify:				

Water and Electricity

Source of water:

Is electricity available? Yes ☐ No ☐

If yes state source of power:

Boarding Facilities (Hostels):

	Item	Response
	Name of the proprietor of the hostels	
	State whether the hostels have piped water	
	State whether the hostels have electricity:	
	State whether the hostels are within or on separate college campus boundary	
	Give the size and the numbers of rooms and windows	
	Give the number of bed in each room:	
	Give the maximum number of occupants per hostel room	
	State the number of students in the hostel by sex	
	Give the number of toilets and shower rooms in each hostel	
	Give the details of the estimated cost of accommodation per student per week/term/year:	
	Give the details of the estimated cost of food per student per week/term/year	
	Give details of the weekly menu	
	State type of cooking facilities in the Kitchen	
	Any other special room specify	

PART 6: FINANCE

Provide the following details

	<i>Item</i>	<i>Details</i>
	Name of Bank(s)	
	Tax Identification No	
	Tax Exemption No	
	Provide Tax Returns	<i>attach copies</i>
	VAT Certificate	<i>attach copies</i>
	Details of Fixed capital	
	Details of Recurrent expenditure	

DECLARATION

I,(*full names*) on behalf of the above mentioned institution, do hereby certify that the above information is true, correct and complete. I also hereby understand that should any of the above information be found to be false, this application shall be rendered null and void.

Signed..... Date:.....
Designation:

Please return the duly completed form including proof of payment of fees to:

The Registrar
The Teaching Council of Zambia
P.O.Box 35700
LUSAKA, ZAMBIA
Tel .+260 211 - 240360, 240334

FOR OFFICE USE ONLY

Comments by The Teaching Council of Zambia.

.....
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.....
.....

Signed:Date:

Comments by Registrar of The Teaching Council of Zambia

.....
.....
.....

Approved/Not approved for Accreditation

Approved/Not approved for Provisional Accreditation

Date thisday of..... 20.....

Signed :

.....
Registrar



THE TEACHING COUNCIL OF ZAMBIA
The Teaching Profession Act
(Act No. 5 of 2013)

Teaching Profession (Registration and Accreditation) Regulations, 2015.

NOTICE OF GRANT OF ACCREDITATION FOR COLLEGE OF EDUCATION

To.....

IN THE MATTER OF.....

You are notified that your application for accreditation has met requirements for accreditation.

Therefore, your institution has been granted **FULL ACCREDITATION** for the period

Fromto..... on the following conditions:

- (a) Renewal is done three months before the expiry date.
- (b) This accreditation certificate is not transferrable.
- (c) There is adherence to the provisions in the Teaching Profession Act No. 5 of 2013 and the Teaching Council Guidelines.
- (d) Failure to adhere to Guidelines would lead to revocation of this certificate.
- (e) In the event that the accreditation certificate is revoked, you are expected to surrender the certificate and this notice back to the Teaching Council of Zambia.

Date thisday of..... 20.....

Signed :

.....

Registrar



THE TEACHING COUNCIL OF ZAMBIA
COLLEGE OF EDUCATION ACCREDITATION CERTIFICATE

This is to certify that

.....

is **ACCREDITED** with
The Teaching Council of Zambia
as a

.....
for the period from January to December 20

Date thisday of..... 20.....

Signed :

.....

Registrar



THE TEACHING COUNCIL OF ZAMBIA
The Teaching Profession Act
(Act No. 5 of 2013)

Teaching Profession (Registration and Accreditation) Regulations, 2015.

GRANT OF PROVISIONAL ACCREDITATION FOR COLLEGE OF EDUCATION

To.....

IN THE MATTER OF.....

You are notified that your application for.....

has not met the minimum requirements for accreditation on the following ground(s):

.....
.....
.....

Therefore, your institution has been granted **PROVISIONAL ACCREDITATION** for the period from.....to..... During this period, you are required to work on areas of recommendation as stated in the Inspection Report.

Date thisday of..... 20.....

Signed :

.....

Registrar

.....

Registrar

SECOND SCHEDULE
(Regulation 14)



THE TEACHING COUNCIL OF ZAMBIA
The Teaching Profession Act
(Act No. 5 of 2013)

Teaching Profession (Registration and Accreditation) Regulations, 2015.

(1) Teacher Registration

<i>Class of teachers</i>	<i>Fee Units</i>	<i>Fee Units for non Zambians</i>
(a) Early Childhood	1,570	3,670
(b) Primary	1,735	3,670
(c) Secondary	1,904	4,335
(d) Special Education/(e) Guidance	1,737	4,335
(f) College lecturer	2,104	5,000
(g) Administrator	2,204	5,000

(2) Teacher Practising Certificate

<i>Class of teachers</i>	<i>Fee Units</i>	<i>Fee Units for non Zambians</i>
(a) Early Childhood	2,000	4,669
(b) Primary	2,500	4,669
(c) Secondary	3,000	5,335
(d) Special Education/ (e) Guidance	2,500	5,335
(f) College lecturer	3,500	6,000
(g) Administrator	4,000	6,000
(h) Others	1,004	3,535

(3) Issuance of duplicate certificate for lost or damaged certificate

<i>Type</i>	<i>Fee Units</i>
(a) Duplicate Teacher Registration Certificate	2,000
(b) Duplicate Teacher Practising Certificate	1,335
(c) Duplicate Teacher Registration Certificate Non-Zambian	3,335
(d) Duplicate Teacher Practising Certificate-Non-Zambian	2,335

(4) Student duplicate Registration Certificate

235

(5) College of Education Accreditation

<i>Type</i>	<i>Fee Units</i>
(a) Application for accreditation	73,335
(b) Application for renewal	26,669
(c) Penalty for late application for accreditation	6,669
(d) Appeal	6,669
(e) Application for Inspection non-Zambian	90,000
(f) Application for renewal	33,335
(g) Penalty for late application for accreditation in non-Zambian	6,669
(h) Appeal	6,669

(6) Application for approval or renewal of Teacher Training Programme

(a) One programme	16,669
(b) Two or more programmes	26,669

(7) Application for accreditation of public and Grant-Aided College of Education

<i>Type</i>	<i>Fee Units</i>
(a) Application for Inspection	16,670
(b) Application for renewal	13,338
(c) Penalty for late application for accreditation	13,338
(d) Appeal	13,338

(8) Application for a search

<i>Type</i>	<i>Fee Units</i>
(a) Individual	100
(b) Institution	500

LUSAKA

14th January, 2016

[MESVTEE.9/6/17]

DR J. J. N. PHIRI,
Minister of General Education

