



ZIMBABWE SCHOOL OF MINES

Serving the SADC Mining Industry

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SHORT COURSES STUDENT REGISTRATION FORM

COURSE NAME: _____

Study mode: Online _____ Face to face _____ Training dates: _____ / _____ / _____ To: _____ / _____ / _____

PERSONAL DETAILS

Surname: First Names:

National ID No: Nationality:

Gender: Phone number:

Name of Company/Mine

Mineral mined:

Address:

Contact Tel./Cell (company):

Tel/cell (Applicant): Email:

EDUCATIONAL DETAILS

NAME OF QUALIFICATION	YEAR COMPETED

WORK EXPERIENCE FOR THE PAST THREE YEARS

NAME OF EMPLOYER	PERIOD OF EMPLOYMENT	JOB TITLE

Student's signature Date

* * * **PLEASE ATTACH PROOF OF PAYMENT** * * *

FOR OFFICE USE ONLY: -

BDI _____ Signature _____ Date _____

Registered by Registry _____ Signature _____ Date _____

Cleared by Accounts _____ Signature _____ Date _____

Receipt number: _____

Payment date: _____