



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 COMPLETED

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 _____