

ZAMBIA COLLEGES OF MEDICINE & SURGERY
(Registered Society)



Advancing Specialist Care & Professional Growth

STP REGISTRATION FORM

Passport
Photo

A. STUDENT PARTICULARS

Title: Surname:
Middle name: Forename:
Marital status: single/ married/ divorced/ widow (circle appropriate response)
Date of Birth:/...../..... Nationality:
NRC No:/...../..... Passport No:
Cell No: e-mail:
Next of kin: Relationship:
Physical address:
Cell No: Signature of Student:

B. STP COURSE PARTICULARS

Training Site: Date Started STP:
Training Program: Year of Study:
Academic year: Registration date:



Zambia Colleges of Medicine and Surgery (ZACOMS)



C. ACADEMIC HISTORY

Year Completed High School: Country:

High School attended:

Qualification Obtained:

D. PROFESSIONAL HISTORY

Year Obtained Medical Degree: Country:

Institution of Training:

Qualification Obtained (e.g. MBChB/ MD):

E. INTERNSHIP HISTORY

Primary Internship Site:

Secondary Internship Site (Where applicable):

Date Internship Commenced: Date Internship Ended:

F. RURAL EXPERIENCE

District: Province:

Hospital:

Engagement Date

Last Position Held:

If employed by GRZ, MO No: Employee No:



G. OTHER POSTGRADUATE TRAINING DONE (if any)

Training done:

Training institution Attended:

Period of the Training: (Year Started) (Year Ended)

Qualification Obtained:

Please provide similar details of all other postgraduate training done on a separate paper.

H. SPONSORSHIP FOR THE STP

Sponsorship for the STP: GRZ / Self/ Other

If other, indicate the name and address of the sponsor in the space below:

Name of sponsor:

Physical address of sponsor:

Please attach proof of sponsorship.

For Official Use Only

I. STP COORDINATOR:

I recommend/ do not recommend the above student for registration.

Name of STP Coordinator:

Signature: Date:

J. STP Head of Training:

I confirm that the above student's registration has been Approved/ Not Approved.

Name of STP Head of Training:

Signature: Date: