

ZAMBIA COLLEGES OF MEDICINE & SURGERY

(Registered Society)



MINISTRY OF HEALTH



Health
Professions
Council of Zambia

Advancing Specialist Care & Professional Growth

STP RETURNING STUDENTS' REGISTRATION FORM

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. 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

D. STP COORDINATOR:

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

Name of STP Coordinator:

Signature: Date:

E. 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: