



SCHOOL OF CHAPLAINCY APPLICATION FORM

5th Floor Megawatt House, 44 Samora Machel Avenue, Harare, Zimbabwe. Tel: +263 242 254261,
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School of Chaplaincy Application for Admission

1. The applicant must have ministerial qualifications [Attach copies of Certificate/Diploma/Degree & Transcript]
2. Must be able to write and speak English
3. For the university-affiliated programmes, minimum 5 Ordinary level Passes including English Language. Must have basic computer knowledge.
4. If married [Attach Marriage Certificate]
5. Must be between the age of 28 and 60 [Attach a copy of ID/Valid Passport]
6. Where applicable, applicant should be ordained or undergoing Pathway to Ordination training programme.

[TO BE COMPLETED IN BLOCK LETTERS & RETURNED VIA EMAIL]

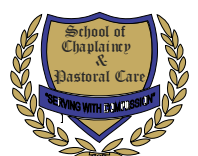
Programme applied for:

PERSONAL DETAILS:

Surname:	First name:
Maiden name:	Sex:
Date of Birth:	Marital Status:
Nationality:	I.D. No.:
Residential Address:	E-mail Address & phone No:

EDUCATIONAL QUALIFICATIONS

Academic level reached	Highest Educational Qualification:
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PROGRAMME OPTIONS – TICK THE PREFERRED PROGRAMME

Certificate in Palliative care Certificate in Chaplaincy	
Diploma in Chaplaincy & Pastoral Care	
Specialised Chaplaincy Courses	

ZCMA MEMBERSHIP STATUS

- ❖ Are you a ZCMA member? If yes, enter your membership no.:
- ❖ If not yet a member, kindly select/tick a relevant membership category below:

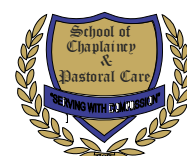
1	DIAMOND (PASTORS IN RURAL/FARMING AREAS) \$15 [USD]	
2	GOLD CLASS (RETIRED MINISTERS) \$15 [USD]	
3	SILVER (BIBLE SCHOOL STUDENTS) \$15 [USD]	
4	ONYX (CHAPLAINS) \$25 [USD]	
5	SAPPHIRE (PASTORS LEADING CONGREGATIONS) \$25 [USD]	
6	CAROL (MUSICIANS) \$25 [USD]	
7	EMERALD (MARKET PLACE MINISTERS) \$25 [USD]	
8	BRONZE (CHURCH FOUNDERS/OVERSEERS & SNR LEADERS.) \$35 [USD]	
9	PLATINUM (CHURCH MINISTERS IN THE DIASPORA) \$30 [USD]	
10	Jasper (MISSIONARIES SERVING IN ZIMBABWE) \$50 [USD]	

Membership Category Selected:

TO BECOME A MEMBER PLEASE FILL IN THE SECTION ABOVE FOR MEMBERSHIP REGISTRATION AND SUBMIT FORM TOGETHER WITH THE PAYMENT.

PAYMENT OPTIONS (For both Tuition and Annual Membership Fees)

1	ZB BANK LOCAL CURRENCY ACCOUNT 4112-510262-200
2	ZB BANK NOSTRO ACCOUNT 4112-510262- 405

DECLARATION AND UNDERTAKINGS BY APPLICANT

I have read and understood the contents of this application. I declare that to the best of my knowledge and belief, the above information is correct and that should the information be found incorrect and misleading, my application may be invalidated.

I undertake to abide by the rules of the SCHOOL OF CHAPLAINCY.

I hold myself responsible for the payment of tuition and ZCMA annual membership fees where applicable and other charges due and payable by me to the SCHOOL OF CHAPLAINCY as prescribed in the school's Terms of Payment.

I hereby waive all claims against the school of any damages or loss suffered while I am, or as a consequence of my being, a student of the school of chaplaincy and arising out of death, bodily injury, loss of health or illness suffered by me or any other person and loss or destruction of, or damage to any property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited through the negligence of the school or any official, employee or representative of thereof. I or my estate hereby indemnifies the School of Chaplaincy against any claims by any person arising in any way as stated above in respect of my own negligent or wilful acts or omissions.

Signature of Applicant_____

Date:

