



MINISTRY OF HIGHER AND TERTIARY EDUCATION INNOVATION SCIENCE AND
TECHNOLOGY DEVELOPMENT

SEKE TEACHERS COLLEGE

P.O. BOX SK 41

Seke

CHITUNGWIZA

TEL: (088) 2130198, 2130207, 2123678, and 2123231

seketeacherscollege@gmail.com

APPLICATION FORM: JANUARY 2027

(Complete all sections and attach certified copies of ID, birth, academic and employment certificates)

PART 'A'

PERSONAL DETAILS:

SURNAME: _____ NAME(S) _____

SEX _____ AGE BY JANUARY 2027 _____ YEARS

NATIONAL ID No: _____

ANY DISABILITY: YES/NO _____

IF YES GIVE DETAILS: _____

CELL PHONE No(s): _____ email: _____

ADDRESS: _____

NAME OF GUARDIAN / NEXT OF KIN : _____ RELATIONSHIP _____

ADDRESS: _____

CELL No: _____

PART 'B'

ACADEMIC QUALIFICATIONS: GCE ORDINARY LEVEL

SUBJECT	GRADE	YEAR	SUBJECT	GRADE	YEAR
1 English Language			6		
2 Mathematics			7		
3 Science			8		
4 Indigenous Language			9		
5			10		

PART 'C'

EMPLOYMENT HISTORY:

- i. Have you ever been employed as a relief teacher? YES /NO (delete the inappropriate answer) If yes state EC: No. _____

SIGNATURE: _____ DATE: _____



THIS FORM IS STRICTLY NOT FOR SALE
CLOSING DATE IS 18 SEPTEMBER 2026