



Zambia Institute of Human Resource Management

APPLICATION FOR STUDENTS

Application for **STUDENTS** should be accompanied by:

One passport size photo

Copies of academic qualifications certified by a
Commissioner of Oaths and A detailed (CV)

Application fee K180

**PLEASE ENSURE THAT YOU COMPLETE YOUR APPLICATION FORM
AND SUBMIT ALL THE NECESSARY DOCUMENTS TO FACILITATE
YOUR APPLICATION ANY INCOMPLETE FORM WILL BE REJECTED
SEND ALL THE DOCUMENTS TO THE ADDRESS BELOW**

THE REGISTRAR

ZAMBIA INSTITUTE OF HUMAN RESOURCES MANAGEMENT

P.O.BOX 51038

RIDGEWAY, LUSAKA

TELEFAX: 260 211 234537

E-mail: zihrm@iconnect.zm

E-mail: zihrm@zihrm.org.zm

Website: www.zihrm.org.zm

THE FOLLOWING IS TO BE COMPLETED ONLY BY APPLICANTS FOR STUDENTS MEMBERSHIP AND FOR AFFILIATES EMBARKING ON THE CERTIFICATE/DIPLOMA OR DEGREE IN HUMAN RESOURCES MANAGEMENT AT AN APPROVED INSTITUTION WITHIN OR OUTSIDE ZAMBIA

SECTION 1

- 1. *Surname.....Title –Mr./Mrs./Miss/Dr.
- 2. Other Names.....
- 3. Sex - Male Female
- 4. Date of birth.....
- 5. Nationality
- 6. *E-mail address.....
- 7. Mailing Address..... Town.....
.....
Country..... Post code.....
Tele..... NRC.....
*Cell No.....



SECTION 2

*Are you studying for the Certificate/Diploma/Degree in Human Resource Management or any other related fields? (*Delete as appropriate)*

- 8. Name of College/University_____
- 9. Please give your permanent address here if different from 6 above

_____ Town _____
Country _____ Post code _____
- 10. If studying at home please indicate method of study _____

SECTION 3

REFEREES (One of the following sections must be completed)

11. EITHER to be signed by a lecturer, or other appropriate official-university, college or other relevant institutions.

Signature _____ Date _____

Position _____

Name and address of University/College or other relevant Institution

12. This part has to be signed by an Associate, Member or Fellow of the Institute

I recommend the applicant for acceptance by the Institute as a student Member

Signature _____ Date _____

Position _____

Name of Organisation _____

SECTION 4

TO BE SIGNED BY STUDENT APPLICANT

I am studying for the Certificate / Diploma / Degree in

If admitted as student member, I undertake to accept and abide by the ZIHRM act and by the rules of the Institute.

I enclose the appropriate fee amounting to ZK _____

Signature _____ Date: _____