				Republic of Zambia		STA Form 1	
Residential Physical Address:				<b></b>			
Cell	•						
	uctions: i) ii iiv v)	The form must be the recognized Un The application for Everything must by Attach certified p Attach a copy of r	completed viversities form must be in CAI shotocopie receipt fro	be submitted to the DI	qualified trained tea EBS offices College / University cil of Zambia (TCZ)	y and NRC.	
1.0 <b>I</b>	PERSONAL I	NFORMATION					
1.1	Surname		Other n	ames			
1.2	National Registration Card No.		Gender		Nationality	Date of Birth	
1.3	Place of Birth	Village	Town/Cit	ty District	Province	Other (country)	
1.4	Language(s) spoken Man		Marital sta	atus	No. of children	Any disability	
1.5	College/ University			Qualifications obta	ined Year of Complet	Year of Completion	
1.6	Area of Specialisation ( for Secondary schoteachers only).			Subject 1	Subject 2	Subject 2	
2.0 P	REFERENCE	E OF POSTING					
2.1	1 <sup>st</sup> choice	Province		District	District		
2.2	2 <sup>nd</sup> choice	Province		District	District		
2.3	3 <sup>rd</sup> choice	Province		District	District		
I fully	y accept that I	will be posted where m	ny services a	are needed and not necessa	rily to the province of m	ny choice	
2.4	Date	Date Name:			Signature:		
	or Official Us		1			<u> </u>	
3.1	3.1 Received by (Name and Position)						
3.2	Date:			Institutional Ref: No.			

Province

Rural / Urban

Decision of Deployment Committee: Candidate posted to:3.4SchoolDistrict