



ZIMBABWE

MINISTRY OF PRIMARY AND SECONDARY EDUCATION

STAFF DEVELOPMENT APPLICATION FORM

Personal Details

First Name (s).....Surname

E.C Number.....Date of Birth.....Sex.....

Marital Status: Single Married Widowed Divorced

Other (Specify).....

Date of First Appointment to the Civil Service.....

Date of Reappointment (If applicable).....

Number of Years of Continuous Service.....

Current Grade.....Effective Date.....

Employment Status (Tick Appropriate)

Contract Probation Confirmed

Do you have any form of Disability? YES..... NO.....

Indicate the type of disability.....
.....

Province.....District.....Station.....

Contact

Address.....Cellphone.....

Email address.....

Academic Qualifications

‘O’ Level or Grade 11 Passes

Subject	Grade	Centre Name/Institution	Year Completed

‘A’ Level

Subject	Grade	Centre name/Institution	Year Completed

Degree

Degree	Area of Specialisation	Institution	Year Completed

Professional Qualifications

Certificate/ Diploma/Degree	Area of Specialisation	Institution	Year Completed

NB. Bachelor of Education Degree Programmes can appear under both the academic and/or professional qualifications.

Proposed Studies

Proposed Institution (Tick Appropriate)

Bindura University of Science Education	Sciences and Mathematics	
Great Zimbabwe University	Languages	
Midlands State University	ICT	
University of Zimbabwe	Building Technology	
Zimbabwe Open University	PGDE**	
Lupane State University	BED Agricultural Sciences	
National University of Science and Technology	Sciences and Mathematics	

** PGDE refers to Post Graduate Diploma in Education

Title of proposed Programme

.....

.....

Current Studies

.....

.....

Ensure that the following have been attached

- a) Certified Copy of I.D
- b) Certified Copies of Certificates
- c) Duly Completed and Signed Bonding Agreement Form

Applicants are expected to pay their registration fees and meet the travelling costs to and from the Centres. Beneficiaries who fail to pass any course or module will be expected to fund their supplementary examinations.

I... confirm that the particulars given in this form are to the best of my knowledge and belief true.

Signature.....Date.....

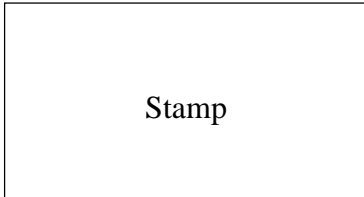
RECOMMENDATIONS

**District
Education
Officer**

Supported Not Supported  Stamp

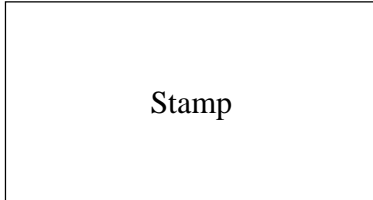
Signature.....Date.....
.....

Provincial Education Director

Recommended Not Recommended  Stamp

Signature.....Date.....

Director Training and Appraisals

Supported Not Supported  Stamp

Signature.....Date.....

Head of Ministry

Approved.....Not Approved.....

Name.....

Signature.....

Date.....

**MEMORANDUM OF AGREEMENT MADE AND
ENTERED INTO BETWEEN THE
GOVERNMENT OF ZIMBABWE**

AND

**THE MEMBER (OPEN DISTANCE LEARNING (ODL)/ ON A PART TIME
BASIS**

This Bonding Agreement is hereby entered into between the Government of Zimbabwe represented herein by..... in his/her official capacity as the Provincial Education Director and I.....(full name applicant) EC. No.....DPT/STN.....ID No..... Current station.....Province.....

The parties do hereby agree to the following terms:-

1. Unless provided for otherwise in this Agreement, its terms and conditions shall be in Accordance with the provisions of section 40 of the Public Service Statutory Instrument 1 of 2000, as amended.
2. Whereas, I the member, do hereby undertake that if I am granted financial assistance I will undertake a course of study leading to..... which I will study on a Block Release/Part time basis at College/University for a period of starting from up to.....
3. I agree that after the completion of my programme, I will serve the Government of Zimbabwe for a period of year(s)..... month(s) andday(s)
4. **I further agree to the following terms and conditions:-**
 - a. that the Ministry shall withhold my certificate until I have completed my bonding period.
 - b. that if I fail a subject or module, the Government will not meet the costs of rewriting.
 - c. that if I have decided to withdraw or cancel the program, the said period will be treated as leave without pay so as to recover the costs incurred by the Government. Where this

applies, I shall give written notice to the Secretary of my intention to discontinue my studies. I further undertake that should I be discharged from Government Service in terms of the Public Service Regulations, 2000 or leave the service at any time before the expiry of the aforementioned period of bonding of.....yearsmonths anddays I shall repay the government upon demand the aggregate paid on my behalf by Government and or any other organization during the period of capacity development programme granted for the purpose of study.

5. I further agree that Government shall be entitled to terminate this Agreement at its discretion, before I have completed the courses, require me to resume my normal Government duties if :-
- a. I fail or neglect to apply myself diligently to my studies or absent myself, without good cause, from any class or lecture which I am required to attend.
 - b. I fail to pass my examination which I may be required to pass.
 - c. Unsatisfactory reports are made as to my behaviour by the Officer in charge of the course or by any tutor on the course.
 - d. For any good sufficient reason and in the event of such termination of this agreement, upon demand, any amount of the tuition fees, expenses and/or any other expenses pertaining to attendance of the course

BONDING CONDITIONS IN TERMS OF SECTION 40(8) OF PSC REGULATIONS 2000 AS AMENDED.

- (a) For courses, seminars or workshops lasting for a period of up to three months there shall be no bonding unless the Commission so determines.
- (b) For courses, workshops or seminars lasting more than three calendar months and not exceeding one year the bonding shall be one year.
- (c) For courses, workshops or seminars exceeding one year bonding shall be for a period equivalent to the period of Manpower Development Leave.

In the event of my death this agreement becomes null and void.

Signed.....(Applicant)

AS WITNESSES:

1. Provincial Education Director

Name.....

EC. No..... Signature

Date.....

2. Director Training and Performance

Appraisals Supported/not supported

Name.....

EC. NO.....

Signature.....

Date.....

2. Chief Director Human Resources and Discipline (HRD & Training)

Name
.....

E.C.No.....Signature.....

Date.....Chief Director (for and on
behalf of the Government of Zimbabwe)

