



ZIMBABWE SCHOOL EXAMINATIONS COUNCIL

APPLICATION FOR THE ESTABLISHMENT OF AN EXAMINATION CENTRE.

*Complete all sections of this form and return it to ZIMSEC Regional Office before **31 October** in the year preceding the intended examination.*

FOR ZIMSEC USE			
CODE			

SECTION A (USE BLOCK CAPITALS)

- (i) **NAME OF SCHOOL/COLLEGE**.....
(As it should appear on certificates .No more than 30 characters)
- (ii) **MOPSE REGISTRATION NUMBER**.....
- (iii) **DISTRICT NAME**..... **DISTRICT CODE**.....
- (iv) **CLUSTER NAME**.....
- (v) **FULL POSTAL ADDRESS**.....
- (vi) **PHYSICAL ADDRESS**.....
.....
- (vii) **FIXED TELEPHONE NUMBER**.....
- (viii) **CENTRE MOBILE #**..... **CENTRE EMAIL**.....
- (ix) **NAME OF RESPONSIBLE AUTHORITY**.....
- (x) **FULL ADDRESS**.....
.....
- (xi) **TELEPHONE NUMBER** **MOBILE#**.....

SECTION B

(i) **EXAMINATION LEVEL APPLIED FOR**

Grade Seven ZJC Ordinary Level Advanced Level

(ii) **HAVE YOU EVER APPLIED FOR ZIMSEC EXAMINATIONS CENTRE STATUS AT THIS EXAMINATION LEVEL BEFORE?**

YES NO

IF YES, STATE THE YEAR.....

GIVE DETAILS.....

.....

(iii) **HAS YOUR INSTITUTION EVER BEEN DEREGISTERED AS AN EXAMINATION CENTRE?**

YES NO

IF YES, GIVE DETAILS.....

.....

.....

(iv) **TICK THE APPROPRIATE BOX WHICH DESCRIBES THE LOCATION, TYPE AND SIZE OF YOUR INSTITUTION**

LOCATION:

<input type="checkbox"/>	URBAN
<input type="checkbox"/>	RURAL

TYPE:

<input type="checkbox"/>	BOARDING
<input type="checkbox"/>	DAY

SIZE/ENROLMENT

<input type="checkbox"/>	SMALL (1-199 PUPILS/STUDENTS)
<input type="checkbox"/>	MEDIUM (200 – 799 STUDENTS)
<input type="checkbox"/>	LARGE (800 OR MORE)

(V) **TICK THE CATEGORY WHICH BEST DESCRIBES YOUR INSTITUTION:**

- 1 Government School
- 2 Church School
- 3 Private School
- 4 Mine/Farm School
- 5 Council School
- 6 Commercial College
- 7 Private Candidate Centre
- 8 Other (please specify)

(vi) Tick the highest level at which the institution is authorised to give tuition

Grade 7	ZJC	O Level	A Level	Tertiary

(vii) For which main group of candidates is the proposed centre intended?

Formal Non-formal

(viii) If formal, do you intend to admit external candidates?

Yes No

(ix) Estimated number of candidates to be entered during the first year:

Grade 7	ZJC	O-Level	A-Level

(x) Is your school/college recognized as an examination centre by any other

Examination board? Yes No

(xi) If YES, give the name of the board(s), year of recognition and details of any special conditions imposed:

.....

(xii) Is the School/ College operating from an owned or leased premise?

Owned

Leased

(If leased attach a lease agreement)

(xiii) Title and full name of Head of Examination Centre.....

.....Mobile #.....

(xiv) Title and full name of Deputy Head of Examinations Centre

.....Mobile #.....

(xv) Appointment Status of Head and Deputy Head of Examination Centre

DESIGNATION	SUBSTANTIVE	ACTING	YEARS OF EXPERIENCE IN SIMILAR POSITION
HEAD			
DEPUTY HEAD			

(xvi) The Head and Deputy Head of Examination Centre are required to submit certified copies of the following documents.

- Academic qualification
- Professional qualification
- ID
- Detailed CV (attach police clearance)

SECTION C

EXAMINATIONS CENTRE FACILITIES

- Number of classrooms available for examinations
 - Number of classrooms for lessons while examinations are in progress
 - Number of easily accessible toilets available
 - Number of available chairs
 - Number of available desks
 - Strong room with a security door
 - Safe
 - Overnight Guards
- (i) Where and how are the examination question papers, scripts and any other confidential materials going to be stored?
.....
.....
- (iii) How many examination candidates can be accommodated at any one time at the proposed centre considering a minimum spacing of 1.5 metres in all directions from the centre of each candidate’s desk to the centre of the next desk?

SECTION D

DECLARATION

I am submitting a formal application for the establishment of an examination centre and guarantee that if approved as an Examination Centre, examinations will be conducted in accordance with the conditions laid down by the Zimbabwe School Examinations Council.

I declare that to the best of my knowledge the above information is complete and accurate.

FULL NAME (Head of Examination Centre)

SIGNATUREDATE.....

ELIGIBILITY ASSESSMENT

To Be Completed by Regional Manager

1. CANDIDATURE

<i>Does the candidature meet the requirements of the regulation in terms of numbers at the centre and intended subjects minimum requirements (Tick the applicable)</i>	BELOW REGULATORY REQUIREMENT	MEETS REGULATORY REQUIREMENT
Total Formal Candidates		
Total Private Candidates		
Total candidates at Centre		

2. QUALIFICATIONS OF STAFF

<i>Is the Head ,the Deputy Head and Examinations Committee (professionally and academically) qualified and experienced to run Examinations(Tick the applicable)</i>	UNQUALIFIED	QUALIFIED	INEXPERIENCED	EXPERIENCED
Head of Centre				
Deputy Head of Centre				
Examinations Committee				

3. INFRASTRUCTURE ADEQUACY AND SUITABILITY

<i>Does the infrastructure at the Centre meet requirements for running examinations</i>	INADEQUATE	ADEQUATE	UNSUITABLE	SUITABLE
Examination Rooms				
Chairs				
Desks				
Lighting				
Ventilation				
Toilets				
Special Needs Candidates access facilities				

SECURITY ASSESSMENT

To be completed by the security officer

HEAD & DEPUTY HEAD OF CENTRE QUALIFICATION & SUITABILITY

1. HEAD OF EXAMINATION CENTRE

<i>Outcomes of Security Checks and vetting of the Head of Centre to qualify him/her to handle Examinations.(Tick the applicable)</i>	NOT SUITABLE	SUITABLE
Head's Security & vetting record		
Qualifications & Experience		
Appointment Status		

2. DEPUTY HEAD OF EXAMINATION CENTRE

<i>Outcomes of Security checks and vetting of the Deputy Head of the Centre to qualify him/her to handle Examinations.(Tick the applicable)</i>	NOT SUITABLE	SUITABLE
Deputy Head's Security & vetting record		
Qualifications & Experience		
Appointment Status		

3. SECURITY OF INFRASTRUCTURE & FACILITIES

Outcomes of Security checks on infrastructure and facilities(Tick the applicable)	SUITABLE	NOT SUITABLE
Location of the Examination Centre		
Strong rooms		
Classrooms		
Administration /Block or Office		
Ablution facilities		
Furniture		

3. SECURITY OFFICER'S REMARKS

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Signature.....

Date Stamp

4 .ACCREDITATION APPROVAL

.....

.....

Signature.....

DIRECTOR-EXAMINATIONS ADMINISTRATION

Date Stamp

5. AUTHORISATION

.....
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Signature.....

CHIEF OPERATING OFFICER

Date Stamp