



EDEN UNIVERSITY

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ORGANISATIONAL MANAGEMENT AND LEADERSHIP APPLICATION FORM

(Application Fee; Zambians: K200 Non-Zambians \$20)

Please use **BLOCK LETTERS** to complete this form.

Section 1: ACADEMIC PROGRAMME (Please tick)

Intake - June/July - December/January

Section 2: PERSONAL PARTICULARS

First Name _____ Gender - Male - Female

Surname _____

NRC/Passport _____ Nationality _____

Permanent Address _____ City _____

Postcode _____

State _____ Country _____

Mailing Address _____

City _____ Postcode _____

State _____ Country _____

Date of Birth (DD.MM.YY) _____ Age _____

Marital Status - Singles - Married - Other _____

Contact No _____ Email Address _____

Tel: **0979-172078/0965-166319/0976-263414**

Email address: sarahs@edenuniversity.edu.zm

Website: www.edenuniversity.edu.zm



Section 3: SPONSORSHIP

Select One -Self sponsored -Organizational Sponsorship

Section 4: ACADEMIC QUALIFICATIONS

Highest Qualification _____ Year of Completion _____

Name of Institution _____

Work Experience (If any, please fill in the blanks below)

Employer	Position	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 5 : NEXT OF KIN/EMERGENCY CONTACTS

You are required to have atleast one emergency contact.

Name (Next of kin) _____

Occupation _____ Mobile Number _____

Name (Emergency Contact) _____

Occupation _____ Mobile Number _____

Section 6: PAYMENT METHOD

Transfers/Deposits go directly into the Eden University Bank Account as stated below:

ACCOUNT NAME : EDEN UNIVERSITY
BANK NAME : ACCESS BANK
BRANCH : LONGACRES
ACC NO : 0020011504661
SWIFT CODE : AZAMZMLU
SORT CODE : 350001

Tel: **0979-172078/0965-166319/0976-263414**

Email address: sarahs@edenuniversity.edu.zm

Website: www.edenuniversity.edu.zm



Section 7: ACADEMIC ENTRY AND FINANCIAL REQUIREMENTS

Your admission is subject to you meeting the programme entry requirements. Once deposited Application fees are non-refundable.

Section 8: DECLARATION

I hereby declare that I have read and understood the terms and conditions of this application form. I declare to the best of my knowledge that the information I have supplied in this application is correct and complete. In the event of any changes to my personal data I shall notify you.

Applicants Name _____

Signature _____

Date _____

Section 9: HOW DID YOU COME TO KNOW ABOUT US? (Please tick)

- TV Advert
- Posters/Flyers
- Billboards
- Social Media
- One of our students
- Other (please state below)

