KAMAILA ACADEMICS, SPORTS & APPRENTICESHIP
(KASA) — HEAD | HEART | HAND
House No. 40, Civic Centre, Area 22, Lusaka, Zambia Kamaila Farming Block, 22 Miles, After Protea Hotel, Junken Rd, Chisamba Contact: +260 574 203 660 | Email: kasa@zamfirm.com

KASA Enrollment Form

Complete in BLOCK CAPITALS and tick the appropriate boxes. Use N/A where a field does not apply. Submit this form to KASA for review and confirmation of your enrollment.

Application date (DD/MM/YYYY): _____ Intake and year: _____

1 PROGRAMME SELECTION

Programme or course title: _____

Training area ☐ General Agriculture ☐ Agri-Sport ☐ Short Course

If selected Short Course select then choose the course below

☐ Crop production ☐ Gardening & Irrigation ☐ Poultry ☐ Livestock ☐ Cooperative Development

☐ Fish farming ☐ Pasture and feed production ☐ Other: _____

Preferred intake: ☐ January ☐ July

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2 APPLICANT DETAILS

Full names: _____

Date of birth (DD/MM/YYYY): Gender: ☐ Male ☐ Female

Nationality: _____ NRC or passport number if available: _____

Mobile number: _____ WhatsApp number: _____

Email address if available: _____

Residential address or village: _____

District: _____ Province: _____

Postal address if different: _____

3 EDUCATION AND PRACTICAL EXPERIENCE

Highest grade or qualification completed: _____

School or training institution: _____ Year: _____

Current status: ☐ Student ☐ Employed ☐ Self employed ☐ Seeking work

Occupation(optional): _____

Previous training or experience related to this course: _____

_____

4 PARENT OR GUARDIAN AND EMERGENCY CONTACT

PARENT OR GUARDIAN

Complete for applicants under 18, or where a guardian is involved in enrollment.

Full name: _____

Relationship to applicant: _____ Mobile number: _____

Residential address: _____

EMERGENCY CONTACT

For every applicant. If the guardian is also the emergency contact, tick here ☐.

Full name: _____

Relationship: _____ Mobile number: _____

Alternative contact number if available: _____

_____

5 LEARNING AND PRACTICAL TRAINING SUPPORT

Provide only information relevant to safe participation or learning support. You may ask to discuss sensitive information privately with the relevant staff member.

Do you need learning or access support? ☐ Yes ☐ No ☐ Discuss privately

Support or adjustments needed: _____

Health needs affecting participation ☐ None to report ☐ Details below ☐ Discuss privately

Relevant condition allergies or emergency instructions: _____

6 FUNDING ARRANGEMENTS

Fees paid by ☐ Self ☐ Parent or guardian ☐ Employer ☐ Sponsor ☐ CDF

☐ Seeking financial assistance Details if applicable: _____

Payer or sponsor name: _____ Phone: _____

7 SUPPORTING DOCUMENTS

Tick documents submitted where applicable. KASA will confirm which documents your chosen programme requires.

☐ NRC/Passport ☐ School results or qualification ☐ Sponsorship letter

☐ Photograph if requested ☐ Other: _____

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8 DECLARATION AND CONSENT

I _____confirm that the information provided is accurate to the best of my knowledge. If admitted, I will follow the attendance requirements, conduct rules and safety instructions explained by KASA. I will use required protective equipment and report unsafe conditions.

I understand that the programme requirements, timetable, fees, payment terms, cancellation and refund terms, and any assessment or certification arrangements must be explained before I confirm enrollment.

I permit KASA to use the information in this form to process my application, administer my training, provide relevant support, and contact me or my nominated contact about enrollment or emergencies.

OPTIONAL PHOTOGRAPHS AND PUBLICITY

I agree to KASA using photographs or videos that identify me in its publicity. *Choosing No does not affect enrollment.*

☐ Yes ☐ No

Applicant signature/thumbprint: _____ Date: _____

PARENT OR GUARDIAN APPROVAL FOR APPLICANTS UNDER 18

I _____ parent/guadian consent to the applicant enrolling in the selected programme and taking part in its supervised training activities. I confirm the declaration and selected publicity choice above on the applicant's behalf.

Guardian name: _____ Signature or thumbprint: _____ Date: _____

9 FOR OFFICE USE ONLY

Received by: _____ Date: _____ Reference: _____

Decision ☐ Admitted ☐ Pending ☐ Waiting list ☐ Not admitted

Enrollment number: _____ Confirmed programme: _____

Intake or start date: _____ Programme duration: _____

Fee currency: _____ Agreed total: _____ Amount paid: _____ Balance: _____

Receipt or transaction reference: _____ Payment due date: _____

☐ Required documents checked ☐ Programme and fee terms explained

☐ Rules and safety explained ☐ Support arrangements reviewed where needed

Conditions or support arrangements: _____

Authorised officer: _____ Signature: _____ Date: _____