ZAMBIA COUNSELLING COUNCIL
NATIONAL HEAD OFFICE
PO BOX 38238 Lusaka, Zambia.
Telefax: +260-1-293586 Cell: +260-97-7504862
E-mail: zcc_now@yahoo.com

AFFILIATE MEMBERSHIP APPLICATION FORM

1. **DETAILS OF INSTITUTION**

Name of institution: ……
Physical Address: ……
Town/City: ……
Telephone: ……Fax: ……
Year Established: ……
Name of Contact Person: ……
Position Held: ……

2. **DESCRIPTION OF MAIN ACTIVITIES**

……
……
……
……

3. **COUNSELLING SERVICES** (tick appropriately)

Number of active counsellors in your institution:
Male ( ) Female ( )

Number of active counsellors in your institution:
Male ( ) Female ( )
Number of rooms: ……

4. **DECLARATION**

I …… acting on behalf of the named institution, declare that the information on this form is true to the best of my knowledge and that the Council shall be promptly informed about any change thereof. The institution shall abide by the rules and regulations for counselling training and practice as prescribed by the Zambia counselling council.

Signed: ……

Official Stamp

Designation: ……

FOR OFFICIAL USE ONLY

Application approved / not approved*

Signature: …… Date: ……
For/EXECUTIVE committee