LUSAKA ENVIRONMENTAL HEALTH UNIVERSITY

PROFESSIONAL SHORT COURSE REGISTRATION FORM

FILL IN BLOCK LETTERS, ATTACH NECESSARY COPIES AND SUBMIT VIA EMAIL: lehu.education@gmail.com Cc: +260972954469

Academic Year: _____

Registration No.: _____

Date: ____ / ____ / _____

PART A: PERSONAL DETAILS	
Surname:	**First Name:**
Gender: ☐ Male ☐ Female	**Date of Birth:** ____ / ____ / _____
Nationality:	**National Registration Card (NRC)/Passport:**
Profession/Occupation:	**Current Employer/Organisation:**
Position/Job Title:	
PART B: CONTACT DETAILS	
Postal Address:	**Residential Address:**
Town/City:	**Province:**
Mobile Number:	**Alternative Number:**
Email Address:	
PART C: EDUCATIONAL BACKGROUND	
Highest Qualification Obtained ☐ Certificate ☐ Diploma ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate ☐ Other _____ Institution Attended	**Year Completed:**

PART D: SELECT YOUR SHORT COURSE

Tick	Course (s)	Duration
☐	ISO 45001 – Occupational Health & Safety Management Systems	7 Days
☐	ISO 14001 – Environmental Management Systems	7 Days
☐	Hazard Identification and Risk Assessment (HIRA/HIRARC)	2 Weeks
☐	Monitoring and Evaluation (M&E)	1 Month
☐	Project Management	2 Months
☐	HACCP and Food Safety Management	1 Month
☐	Healthcare Waste Management	2 Weeks
☐	Environmental Impact Assessment (EIA) Basics	1 Month
☐	Water, Sanitation and Hygiene (WASH)	1 Month
☐	Fire Safety and Emergency Response	1 Week
☐	Data Analysis (Excel, SPSS & Power BI Basics)	2 Months
☐	Data Collection using KoboToolbox and ODK	2 Weeks
☐	Infection Prevention and Control (IPC)	1 Month
☐	Disease Surveillance and Reporting	1 Month
☐	PPE Selection, Use and Management	1 Week
☐	First Aid at Work	1 Week
☐	Ergonomics and Manual Handling	1 Week
☐	Emergency Preparedness and Response	2 Weeks

Preferred Mode of Training

☐ Weekday
☐ Weekend
☐ Evening
☐ Online
☐ Blended Learning

PART E: PAYMENT DETAILS

Course Fee: K _____
Amount Paid: K _____
Balance: K _____
Payment Method

☐ Cash
☐ Bank Deposit
☐ Mobile Money
☐ Employer Sponsorship
Receipt Number: _____

SECTION F: EMERGENCY CONTACT

Name:

Relationship:

Telephone Number:	Email:
PART G: DECLARATION	
I certify that the information provided in this application form is true and correct to the best of my knowledge. I understand that submission of false information may lead to cancellation of my registration. I also agree to abide by the regulations governing the Lusaka Environmental Health University Professional Short Courses. Applicant's Signature: _____ Date: ____ / ____ / _____	
PART H: FOR OFFICIAL USE ONLY	
Registration Number:	**Course Allocated:**
Payment Verified ☐ **Yes** ☐ **No**	**Receipt Number:**
Approved By:	**Signature:** **Date: / /**

Required Attachments

- Copy of NRC/Passport
- Copy of Academic/Professional Qualification(s)
- Proof of Payment or Sponsorship Letter (if applicable)