

BLACKFORDBY COLLEGE OF AGRICULTURE DIPLOMA IN GENERAL AGRICULTURE APPLICATION FORM GADPT04 JANUARY 2026 PART TIME PROGRAMME

FOR OFFICIAL USE ONLY

		<u>Certificates Received/Verified</u>	Yes (Y) / No (N), Signature
Date of receipt	<input style="width: 100%;" type="text"/>	Degree(s)	<input style="width: 100%;" type="text"/>
Receipt	<input style="width: 100%;" type="text"/>	Diploma(s)	<input style="width: 100%;" type="text"/>
Amount	<input style="width: 100%;" type="text"/>	Certificate(s)	<input style="width: 100%;" type="text"/>
Date received	<input style="width: 100%;" type="text"/>	I.D. / Passport	<input style="width: 100%;" type="text"/>
		Marriage	<input style="width: 100%;" type="text"/>
		Other	<input style="width: 100%;" type="text"/>
		Other	<input style="width: 100%;" type="text"/>
		Other	<input style="width: 100%;" type="text"/>
		Other	<input style="width: 100%;" type="text"/>
		Application No. GADPT04 /	
Decision <input style="width: 100%; height: 40px;" type="text"/>			

1.0 PERSONAL DETAILS

- 1.1 Surname:
 - 1.2 First / Other Names:
 - 1.3 Title (e.g. Dr. / Mr. / Ms./Miss):
 - 1.4 Previous Name (If applicable):
 - 1.5 Date of Birth: dd...../ mm...../ yy.....
 - 1.6 Place & Country of Birth:
 - 1.7 Sex:.....
 - 1.8 Marital Status: Single(S)/ Married (M)/ Divorced (D)/ Widowed (W)
 - 1.9 I.D. / Passport Number:.....
 - 1.10 Nationality:
 - 1.11 Are you a permanent resident of Zimbabwe: Yes (Y) / No (N):
- (If NO, what permit do you hold? (Attach certified copy):*

2.0 DISABILITIES / SPECIAL NEEDS, CRIMINAL RECORD, DISCIPLINE

a) Disabilities or Special Needs

If you have a disability, special needs or a medical condition that is likely to affect your studies at Blackfordby College of Agriculture, please give details below:

.....

.....

b) Criminal Convictions

Do you have any previous criminal convictions,? YES / NO (*delete inapplicable*)

If YES, please give details below:

.....

.....

3.0 CONTACT DETAILS

3.1 Residential Address:

.....

3.2 Telephone: Mobile number:

3.3 Other Contact number(s)

3.4 E-mail Address(es)

4.0 Educational Qualifications (Secondary and Tertiary / Professional)

(Attach separate sheet if necessary)

Dates (from, to)	Examining Board or Awarding Authority	Programme	Grade

5.0 Employment History / Professional Experience

From	To	Brief details (e.g. job title, company name, main responsibilities)

6.0 Names and addresses of TWO referees (*from different organizations*)

(i) Name :

Company & Position:

Address:

Tel :

Cell :

E-mail :

(ii) Name :

Company & Position:

Address:

Tel :

Cell :

E-mail :

7.0 FINANCE

7a) How do you expect to pay your tuition fees?			
Sponsored by Parent / Guardian	<input type="checkbox"/>	Sponsored by Employer	<input type="checkbox"/>
Self Sponsored	<input type="checkbox"/>	Bursary / Grant / Others	<input type="checkbox"/>

7b) If you hope to obtain a grant or sponsorship or funding from your employer or other sources, please give details (i.e. name of funding body / sponsor + contact details):

N.B. Blackfordby College does not offer bursaries / grants.

7c) If self-sponsored, you may be required to provide proof of ability to fund your studies at Blackfordby

8.0 DECLARATION

I declare that the information provided is **true** and any misrepresentation of facts will result in the disqualification of my application or dismissal from any enrolled Blackfordby College programme.

Full names:.....

Signature:..... **Date:**.....

9.0 PERSONAL STATEMENT

This is an important section and the Admissions Office will pay particular attention to what you write.

Using a separate sheet and in not more than one page (**own handwriting**), explain why you are applying for the Diploma programme, what you expect to achieve from it, and how it relates to your academic and career development.

BLACKFORDBY COLLEGE OF AGRICULTURE

AFFIDAVIT – PAYMENT OF COLLEGE FEES

Declared and stated by Person / Organisation responsible for paying college fees

I / We, the undersigned (*names in full*).....

I.D. / Registration Number.....

of (*physical address in full - please attach proof of residence*)

.....

.....

Phone..... Cell.....

Email.....

Being Parent / Legal Guardian / Sponsor / Benefactor of (*Applicant’s name and I.D. No.*)

.....

Do solemnly declare that:

1. I / We shall be responsible for paying all college fees and levies for the Applicant on or before the start of every semester, failing which the student may be barred from entry to Blackfordby College.
2. I / We affirm that should the student breach the rules and regulations of the college to warrant expulsion, or withdraw from the course for whatever reason before the end of the semester, I / we shall be liable for all monies outstanding and will forfeit any monies paid for and on behalf of the student.
3. I / We acknowledge that the College may withhold the Diploma from the student should there be a debt outstanding at the end of study.
4. I / We acknowledge that Blackfordby College of Agriculture may institute such legal proceedings as are necessary in recovery and final settlement of outstanding debt (*at the end of every semester*), with any costs incurred during the recovery process being charged to my / our account.
5. I / We acknowledge that the College Board reserves the right to review fee levels as may be deemed necessary from time to time.

.....
Signed (Parent / Guardian / Sponsor / Benefactor)

.....
Date

Commissioner of oaths

Signed before me this day of Year

at

.....
Signed (Commissioner of Oaths)

.....
Date

Please forward completed application form to the Principal's Office:

1. Email: info@blackfordbyagric.ac.zw
admin@blackfordby.co.zw
2. Office Numbers: +263 772 887 370 (WhatsApp + Voice)
+263 775 884 968 (Voice)

OR

Apply in person at Blackfordby College, Klein Kopjes Farm, Concession

*Note: For all applications made via Email or WhatsApp,
original copies to be submitted during Registration*

****Please attach certified copies of the following:**

- 'O' and 'A' Level certificates
- Applicant - National I.D. / Passport (*valid, information page only*)
- Sponsor - National I.D. / Passport (*valid, information page only*)
- Employer's recommendation (*Formally employed and / or Company sponsored applicants only*)
- Name change affidavit / Marriage certificate (*where applicable*)
- Certificates, diplomas or degrees from other institutions
- Applicant – Two (2) passport size photos
- Sponsor – Two (2) passport size photos
- Commissioned Affidavit (Payment of College Fees)
- Sponsor's proof of residence

Proof of payment of a non-refundable application fee of US\$50.00 must accompany the completed application form. Upon being selected, applicant will be required to pay a once off non-refundable General Purpose Levy of US\$150.00 to confirm acceptance of offer (N.B. Amount is NOT part of Semester 01 fees).

Bank Details

Nedbank Zimbabwe Limited, Jason Moyo Branch, Branch Code 18100, Account Number 11990192431(USD)

N.B.

Kindly forward proof of payment to Accounts Office via email accounts@blackfordby.co.zw cc admin@blackfordby.co.zw

Notes

- Incomplete application forms will NOT be processed
- Shortlisted candidates will be called for oral selection interviews