

COUNCIL FOR LEGAL EDUCATION

COMPULSORY PUPILAGE TRAINING (CPT) REGISTRATION FORM: 2023

LEVEL: ONE
TWO
THREE

SURNAME:				FORE NAME:			
DATE of BIRTH:				ID NUMBER:		TITLE:	
EMPLOYER (including Date of appointment):				POSTAL ADDRESS:			
DATE OF REGISTRATION WITH THE HIGH COURT OF ZIMBABWE				CENTRE REQUIRED: <i>Byo/Hre</i>			
POSTAL ADDRESS (OF STUDENT)							
TEL NUMBERS (WORK)							
FAX NUMBER:						Mobile NUMBERS:	
DISABILITY	Y	N			EMAIL ADDRESS:		
GENDER		MALE		FEMALE		NAME OF PRINCIPAL:	
DEGREE:				WHERE OBTAINED:		WHEN OBTAINED:	
HAVE YOU PREVIOUSLY ATTENDED CPT:		Y	N	WHEN:		WHERE:	
WHICH PART:							