



## APPLICATION FORM

*(This form should be filled in by applicant Her/himself)*

First Name..... Middle Name ..... Last Name.....  
Age..... Date of birth..... Month..... Year of birth.....  
Home Address..... Country of Residence .....  
Region ..... District .....  
Phone Number ..... E-mail .....  
Sex..... Religion..... Tribe.....  
Marital Status: Married[  ] Single[  ] (Tick where required)  
Do you have any physical disability (YES/NO) – if YES indicate type of disability  
.....

## EDUCATION BACK GROUND

Primary School Name ..... Year finished.....  
Form four School Name ..... Year finished..... Index Number .....  
Form six School Name ..... Year finished..... Index Number .....  
Have you attended any other school/college after Secondary  
School?.....  
If so, give the name ..... Years of program.....  
Level of program certificate,iploma).....  
Work experience  
.....  
Address of Employer  
.....

## REFEREE

1<sup>st</sup> Relative full name.....  
Relation..... Address..... Phone number .....  
E-mail..... District..... Region ..... Country .....  
  
2<sup>nd</sup> Relative full name.....  
Relation..... Address..... Phone number .....  
E-mail..... District..... Region ..... Country .....

## PROGRAMES

Chosen in rank order

CHOICE OF PROGRAME	RANK	CHOICE
Ordinary Diploma in Nursing		
Ordinary Diploma in Clinical Medicine		
Ordinary Diploma in Medical Laboratory		
Community Health		
In Service Ordinary Diploma in Nursing		

### Attachment Copies of

Certificate of Secondary Education Examination or Result Slip	
School leaving Certificate	
Birth Certificate	
Certificate of Registration by TNMC	
License of Practice by TNMC	
Permission Letter from Employer	

**F: APPLICATION FEE IS TSH 30,000/= the payment of application you may pay in this account:-**

Account number: 41210004975

Name of account:- Haydom School of Nursing

Bank: NMB

Account number: 0150271030301

Account Name: Haydom Institute of Health Sciences

Bank: CRDB

### G: Contact

**Address:**

P.O. Box 9001

Haydom – Mbulu

Manyara

Email:

[haydomnursing@haydom.co.tz](mailto:haydomnursing@haydom.co.tz)

[haydomihs@gmail.com](mailto:haydomihs@gmail.com)

Mobile Phone: +255 07-52744658

**For In – Service only:** *You are advised to Scan the original certification and send it to the above email*

**NOTE: Scan the above attachments and bank pay slip sent it though the above email. Application fee is Non-refundable and Admission committee will not review incomplete application forms.**