INSTRUCTIONS FOR APPLICANTS FOR CERTIFICATE IN NURSING PROGRAMME - ACADEMIC YEAR 2013/2014

1. The entry requirements for this programme are:
   a) Applicants, who have completed Form IV (ordinary level certificate of Secondary Education) or its equivalent with 3 passes at D level in Biology, Chemistry and Physics or Mathematics, pass in English as an added advantage.

   Course duration: 2 academic years.

2. The following particulars should be attached to the application:
   (a) National form IV certificate and a statement of results from a reputable Examination council.
   (b) Recommendation letters from latest School head.
   (c) Money Transfer /Postal money order or in cash Tshs 30,000= or its equivalent of US$ 30

3. To be accepted, students will have to show evidence that they have full sponsorship. A form for that purpose is attached.

Please return the:-
   (i) Duly filled in application forms
   (ii) Financial Guarantee Form to:

The Principal
Mikocheni Diploma School of Nursing
322 Regent Estate
P.O. Box 65300
Dar es Salaam
E-mail: admissions@hkmu.ac.tz or dfnr@hkmu.ac.tz or secvc@hkmu.ac.tz
Fax: 255-22-2775591

The deadline for receiving duly filled application forms is 31st May 2013
Application Forms for Admission to the Pre-service Diploma in Nursing Programme 2013/2014

APPLICATION NO.__________________
(For official use only)

Please type or write in block letters

1. PERSONAL DETAILS

1.1. First name________________________ Middle name________________________

Surname/Family name______________________________________________________(As they appear on your secondary school certificates)

1.2. Sex____________________________________

1.3. Date of Birth: Date_____ Month_____ Year______, Place of Birth__________

1.4. Your father’s name____________________________________________________

Occupation______________________________________________________________

Address________________________________________________________________

Telephone________________________________________________________________

1.5. Your mother’s name___________________________________________________

Occupation______________________________________________________________

Address________________________________________________________________

Telephone________________________________________________________________

1.6. Tribe________________________________ Region__________________________

1.7. Nationality________________________________________

E-mail: admissions@hkmu.ac.tz

website: www.hkmu.ac.tz
1.8. Marital Status______________________________

1.9. Number of children__________________________

1.10. Any physical disability_______________________

1.11. Permanent Address________________________ City/Town______________
Region________________________ Country__________________________

1.12. Mailing Address to which information should be sent if applicant is successful
______________________________________________________________

1.13. Telephone No:________________________ Mobile No:________________
Fax No: ______________________

1.14. E-mail address________________________________________

1.15. Next of Kin__________________________________________
Relationship to you__________________________________________
Address of the next of Kin____________________________________
Telephone__________________________________________________

1.16. Your guardian’s name__________________________________
Occupation________________________________________________
Address _____________________________________________________
Telephone___________________________________________________

1.17. State whether you intend to stay in University accommodation YES/NO.

2. ACADEMIC QUALIFICATIONS
2.1. Ordinary Level Secondary Education:
School/Schools attended ____________________________Year(s) ____________

Form IV National Examination Year _______ Index No.________ Division_____

<table>
<thead>
<tr>
<th>SUBJECTS</th>
<th>GRADES OBTAINED</th>
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</table>
2.2. Advanced Level Secondary Education
School/Schools attended _______________________________ Year(s) ____________
Form VI National Examination Year ____________ Index No.__________ Division______

<table>
<thead>
<tr>
<th>SUBJECTS</th>
<th>GRADES OBTAINED</th>
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2.3. Qualifications obtained (including Certificates, Diplomas and Degrees) and the name of institutions attended with dates of attainment.
Name of Institution | Date/Year
<table>
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</tbody>
</table>

2.4. Please give details of any employment with dates
Name of Employer | Post | Dates, From--To
<table>
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</table>

2.5 Language proficiency: What is your mother tongue _________________________

Other languages (put “V” where appropriate)

1. ___________ Reading _________ Writing_________
2. ___________ Reading _________ Writing_________
3. ___________ Reading_________ Writing_________

3. REFEREES

Two confidential academic referee forms are attached. Fill these forms as instructed and send them to your referee who will fill his / her part and send them to us.

Please give names and addressees of your two academic referees

(1) Name_____________________________________________________________
Address_____________________________________________________________
_______________________________________________________________
(2)  Name ____________________________________________________________
Address_________________________________________________________________
______________________________________________________________________

4.   SOURCE OF FUNDING
Please indicate the source of finance for the payment of your tuition fees by ticking the appropriate space.

Self financing__________ Being Sponsored ________________ Others____________
Name and address of sponsor(s)
____________________________________________________________________
____________________________________________________________________

I do certify that all the information submitted is correct to the best of my knowledge

Signature___________________________ Date__________________

Attachments:-
 i.    Guarantee Form (1)
 ii.   Referee forms (2)

5.   CHECK LIST FOR THE APPLICATION REQUIREMENTS
You are required to go through the following check list and see if you have included all the required documents. Indicate by checking the “Y” column if requirement is included or the “N” column if the requirement is not included. Incomplete forms will not be discussed by the Admissions Committee.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Application letter [in applicant’s own handwriting]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. True copy of O-level certificate or its equivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. True copy of A-level certificate or its equivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Transcripts of all post Secondary School Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Copy of License to practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. One current coloured passport size photograph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Copy of Birth Certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Photocopy of Passport – [for foreign students]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Application fee receipt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Two Reference letters from academic referees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Financial Guarantee Form [duly filled]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FINANCIAL GUARANTEE FORM ACADEMIC YEAR 2013/2014

FULL NAME OF THE APPLICANT________________________________________
(Hereafter called the applicant)

ADDRESS__________________________________________________________
_________________________________________________________________
_________________________________________________________________

COURSE APPLIED FOR_______________________________________________
ACADEMIC YEAR___________________________________________________

1. I, THE UNDERSIGNED, HEREBY GUARANTEE to Mikocheni School of Nursing that
   the payment of all monies which may from time to time hereafter become due to it in respect
   of tuition fees, accommodation charges and other charges properly debited to the account of
   the Applicant but so that my liability is in no event to exceed the sum
   of_______________________________.

2. I, AGREE that the School is at liberty to grant to the Applicant such extension of credit or
   time for payment or other indulgences as it may think proper without discharging or impairing
   my liability hereunder

3. THIS GUARANTEE is to be a continuing guarantee and is to continue to be binding until all
   debts due from the Applicant to the Mikocheni School of Nursing have been fully discharged.

4. IN THE EVENT of my intervening death, any obligation, which I may have agreed, to
   discharge under this guarantee shall be equally binding upon my personal representative.
5. **THIS CONTRACT** shall be governed by the construed in accordance with Tanzanian Law.

**SIGNATURE OF GUARANTOR**

**FULL NAME OF GUARANTOR**

**FULL ADDRESS**

**RELATIONSHIP TO APPLICANT (if any)**

**DATED THIS ______________DAY OF______________20____.**

**SWORN BEFORE**

(Notary public or Commissioner for Oaths)

**OFFICIAL STAMP**
REFERENCE FORM 1

1. TO THE CANDIDATE

FULL NAME..............................................................................................................
(Please underline your Family name)

Permanent home address....................................................................................
..........................................................................................................................

1. Course applied for.........................................................................................

2. Proposed date of commencement of study.................................................

2. TO THE REFEREE

This candidate has applied to our School for the programme outlined above and has given
your name as a referee. I should be grateful if you could let me have a confidential
opinion of this student’s academic and personal suitability for that programme of study
as soon as possible, including ability to co-operate in the life and work of the academic
community.

Please use space on the back of this form for your reference.

I would like to take this opportunity to thank you in advance for your co-operation and assistance.

1. Name of referee............................................................................................

2. Address...........................................................................................................

3. Position...........................................................................................................

Please return this form to the Principal, School of Nursing on the above address.
Mikocheni School of Nursing
Affiliated to
The Mission Mikocheni Hospital (MMH) and
The Hubert Kairuki Memorial University (HKMU)
Faculty of Nursing

Tel: 255-22-2700021/4
Fax: 255-22-2775591
E-mail: admissions@hkmu.ac.tz

REFERENCE FORM 2

1. TO THE CANDIDATE

FULL NAME………………………………………………………………………………
(Please underline your Family name)

Permanent home address…………………………………………………………
…………………………………………………………………………
…………………………………………………………………………
1. Course applied for…………………………………………………………

2. Proposed date of commencement of study……………………………

2. TO THE REFEREE

This candidate has applied to our School for the programme outlined above and has given your name as a referee. I should be grateful if you could let me have a confidential opinion of this student’s academic and personal suitability for that programme of study as soon as possible, including ability to co-operate in the life and work of the academic community.

Please use space on the back of this form for your referee.

I would like to take this opportunity to thank you in advance for your co-operation and assistance.

1. Name of referee…………………………………………………………

2. Address……………………………………………………………………

3. Position……………………………………………………………………

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and
The Hubert Kairuki Memorial University (HKMU)
Faculty of Nursing

Tel: 255-22-2700021/4
Fax: 255-22-2775591
E-mail: admissions@hkmu.ac.tz

CERTIFICATE IN NURSING PROGRAMME

Costs for Tuition, Accommodation,
Food and Other Personal Expenses per Student

<table>
<thead>
<tr>
<th>Category of Fees</th>
<th>Tshs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Money payable to University</td>
<td></td>
</tr>
<tr>
<td>1.1. Tuition fees</td>
<td>1,305,000</td>
</tr>
<tr>
<td>1.2. Registration fees</td>
<td>45,000</td>
</tr>
<tr>
<td>1.3. Examination fees</td>
<td>55,000</td>
</tr>
<tr>
<td>1.4. Book Bank borrowing</td>
<td>72,000</td>
</tr>
<tr>
<td>1.5. Student Union subscription fees</td>
<td>28,000</td>
</tr>
<tr>
<td>1.6. Medical Aid Contribution</td>
<td>55,000</td>
</tr>
<tr>
<td>1.7. Uniform</td>
<td>70,000</td>
</tr>
<tr>
<td>1.8. Caution fees</td>
<td>78,750</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,708,750</strong></td>
</tr>
</tbody>
</table>

2. Accommodation (Student’s hostel) optional, payable through University

<table>
<thead>
<tr>
<th>Category of Fees</th>
<th>Tshs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1. Single</td>
<td>1,200,000</td>
</tr>
<tr>
<td>2.2. Double</td>
<td>850,000</td>
</tr>
<tr>
<td>2.3. Triple</td>
<td>600,000</td>
</tr>
<tr>
<td>2.4. Hostel Security Fee</td>
<td>20,000</td>
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</tbody>
</table>

3. Money payable to the student

<table>
<thead>
<tr>
<th>Category of Fees</th>
<th>Tshs</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1. Food (per semester)</td>
<td>1,350,000</td>
</tr>
<tr>
<td>3.2. Book purchase per set</td>
<td>1,000,000</td>
</tr>
<tr>
<td>3.3. Pocket money (per semester)</td>
<td>600,000</td>
</tr>
<tr>
<td>3.4. Stationery (per semester)</td>
<td>300,000</td>
</tr>
<tr>
<td>3.5. Field work and Research</td>
<td>562,500</td>
</tr>
</tbody>
</table>

Notes:
1. Tuition fees (1.1) may be paid in two equal installments i.e. at the beginning of each Semester. All other fees (1.2-1.8) should be paid at the beginning of the first semester.
2. Once fee is paid, it can not be refunded.
3. Fees may be paid in Tshs or US dollars converted on the current dollar rate.

Payments should be made in Banker’s draft, telegraphic transfer or cheque made payable to:-
The HUBERT KAIRUKI MEMORIAL UNIVERSITY
ACCOUNT NO: **0200721004** (FOR TSH) and **0200721012** (FOR USD)
BOA BANK (TANZANIA),NDC Development House, KIVUKONI/OHIO Street,
P.O. BOX 3054,
DAR ES SALAAM