

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



322 Regent Estate
P. O .Box 65300
Dar es Salaam.
Tanzania
website: www.hkmu.ac.tz

INSTRUCTIONS FOR APPLICANTS FOR IN-SERVICE DIPLOMA PROGRAMME IN NURSING-ACADEMIC YEAR 2012/2013

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 a pass at D grade or above in Biology. A pass in Chemistry is an added advantage. Candidates must hold a certificate in Nursing and Midwifery (Nurse B), licensed to practice as an enrolled Nurse and Midwife, with a working experience of at least two years in a reputable hospital.
Course duration 1 academic year.
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 and a Nurse Section B or Nurse and Midwife certificate.
 - (b) Recommendation letters from latest School head or present employer.
 - (c) Money Transfer /Postal money order or in cash Tsh s 30,000/= Or its equivalent of US\$ 30
3. In addition to the above requirements, candidates selected for this course must pass the Mikocheni School of Nursing Entrance Examination.
4. 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 sevc@hkmu.ac.tz
Fax: 255-22-2775591

The deadline for receiving dully filled application forms is 31st May 2012

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



322 Regent Estate
P. O .Box 65300
Dar es Salaam.
Tanzania
website: www.hkmu.ac.tz

Application Forms for Admission to the In-service Diploma in Nursing Programme 2012/2013

APPLICATION NO. _____
(For official use only)

STICK ONE
COLOURED
PASSPORT
PHOTO HERE

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 _____

- 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 _____

SUBJECTS

GRADES OBTAINED

2.2. Advanced Level Secondary Education

School/Schools attended _____ Year(s) _____
Form VI National Examination Year _____ Index No. _____ Division _____

SUBJECTS

GRADES OBTAINED

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2.3. Qualifications obtained (including Certificates, Diplomas and Degrees) and the name of institutions attended with dates of attainment.

Name of Institution _____ Date/Year _____

2.4. Please give details of any employment with dates

Name of Employer _____ Post _____ Dates, From--To _____

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.

Requirement	Y	N
1. Application letter [in applicant’s own handwriting]		
2. True copy of O-level certificate or its equivalent		
3. True copy of A-level certificate or its equivalent		
4. Transcripts of all post Secondary School Education		
a. Certificates		
b. Degree		
c. Diploma		
5. Copy of License to practice		
6. One current coloured passport size photograph		
7. Copy of Birth Certificate		
8. Photocopy of Passport – [for foreign students]		
9. Application fee receipt		
10. Two Reference letters from academic referees		
11. Financial Guarantee Form [duly filled]		

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



322 Regent Estate
P. O .Box 65300
Dar es Salaam.
Tanzania
website: www.hkmu.ac.tz

FINANCIAL GUARANTEE FORM ACADEMIC YEAR 2012/2013

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 _____

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



322 Regent Estate
P. O .Box 65300
Dar es Salaam.
Tanzania
website: www.hkmu.ac.tz

REFERENCE FORM 1

2. TO THE CANDIDATE

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

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

1. Course applied for.....
2. Proposed date of commencement of study.....

3. 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



322 Regent Estate
P. O .Box 65300
Dar es Salaam.
Tanzania
website: www.hkmu.ac.tz

REFERENCE FORM 2

4. TO THE CANDIDATE

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

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

1. Course applied for.....
2. Proposed date of commencement of study.....

5. 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.....

Please return this form to the Principal, School of Nursing on the above address.