

# *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](mailto:admissions@hkmu.ac.tz)



322 Regent Estate

P. O .Box 65300

Dar es Salaam.

Tanzania

website: [www.hkmu.ac.tz](http://www.hkmu.ac.tz)

## **INSTRUCTIONS FOR APPLICANTS FOR IN-SERVICE DIPLOMA PROGRAMME IN NURSING-ACADEMIC YEAR 2010/2011**

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 at least passes in Biology, English and any Science subject, and who are holders of Nurse B, or nurse midwife certificates and a working experience of at least two years in a reputable hospital.
  - b) 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 25,000/= Or its equivalent of US\$ 25
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](mailto:admissions@hkmu.ac.tz) or [dfnr@hkmu.ac.tz](mailto:dfnr@hkmu.ac.tz) or [secvc@hkmu.ac.tz](mailto:secvc@hkmu.ac.tz)

Fax: 255-22-2775591

**The deadline for receiving dully filled application forms is 31<sup>st</sup> May 2010**

# 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](mailto:admissions@hkmu.ac.tz) or [dfnr@hkmu.ac.tz](mailto:dfnr@hkmu.ac.tz) or [secvcv@hkmu.ac.tz](mailto:secvcv@hkmu.ac.tz)

322 Regent Estate

P. O .Box 65300

Dar es Salaam.

Tanzania

website: [www.hkmu.ac.tz](http://www.hkmu.ac.tz)

## Application Forms for Admission to the In-service Diploma in Nursing Programme 2010/2011

APPLICATION NO. \_\_\_\_\_  
(For official use only)

STICK ONE  
COLOURED  
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 \_\_\_\_\_

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.

<b>Requirement</b>	<b>Y</b>	<b>N</b>
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](mailto:admissions@hkmu.ac.tz) or [dfnr@hkmu.ac.tz](mailto:dfnr@hkmu.ac.tz) or [sevcv@hkmu.ac.tz](mailto:sevcv@hkmu.ac.tz)

322 Regent Estate

P. O .Box 65300

Dar es Salaam.

Tanzania

website: [www.hkmu.ac.tz](http://www.hkmu.ac.tz)

## FINANCIAL GUARANTEE FORM ACADEMIC YEAR 2010/2011

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 \_\_\_\_\_ 200 \_\_\_\_.

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](mailto:admissions@hkmu.ac.tz) or [dfnr@hkmu.ac.tz](mailto:dfnr@hkmu.ac.tz) or [secvc@hkmu.ac.tz](mailto:secvc@hkmu.ac.tz)

322 Regent Estate

P. O .Box 65300

Dar es Salaam.

Tanzania

website: [www.hkmu.ac.tz](http://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](mailto:admissions@hkmu.ac.tz) or [dfnr@hkmu.ac.tz](mailto:dfnr@hkmu.ac.tz) or [secvc@hkmu.ac.tz](mailto:secvc@hkmu.ac.tz)

322 Regent Estate

P. O .Box 65300

Dar es Salaam.

Tanzania

website: [www.hkmu.ac.tz](http://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.**

# 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](mailto:admissions@hkmu.ac.tz) or [dfnr@hkmu.ac.tz](mailto:dfnr@hkmu.ac.tz) or [secvc@hkmu.ac.tz](mailto:secvc@hkmu.ac.tz)

322 Regent Estate

P. O .Box 65300

Dar es Salaam.

Tanzania

website: [www.hkmu.ac.tz](http://www.hkmu.ac.tz)

## DIPLOMA IN NURSING PROGRAMME

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

Category of Fees	Tshs
<b>1. Money payable to University</b>	
1.1. Tuition fees	1,112,500
1.2. Registration fees	30,000
1.3. Examination fees	50,000
1.4. Book Bank borrowing	65,000
1.5. Student subscription fees	25,000
1.6. Medical Aid Contribution	55,000
1.7. Uniform	50,000
1.8. Caution fees	75,000
<b>TOTAL</b>	<b>1,462,500</b>
<b>2. Accommodation</b> (Student's hostel) <i>optional, payable through University</i>	750,000
2.1 Hostel Security Fee	20,000
<b>3. Money payable to the student</b>	
3.1. Stationery (per semester)	150,000
3.2. Pocket money (per semester)	300,000
3.3. Food (per semester)	750,000

#### 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: 0200721012

BOA BANK (TANZANIA),

NDC Development House, KIVUKONI/OHIO Street,

P.O. BOX 3054,

DAR ES SALAAM.