



MKOLANI NURSING AND MIDWIFERY SCHOOL

CONTACTS : MOBILE: **0764 223540, 0657 170729, 0686 391467, 0769 825 187**
 Email : mkolanifoundation@yahoo.com
 Website: www.mfhsti.ac.tz

FORM No.

STUDENT APPLICATIONS FORM YEAR MARCH. 2018/2019 (POST – SECONDARY)

PICTURE

SECTION 1: APPLICANT DETAILS *Please complete in BLOCK letter*

First Name					
Second Name					
Surname					
Date of Birth				Nationality	
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>
					No. of Children
Do you consider yourself to have a disability? If any disability; explain.....					Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Permanent Home Address	Address for Correspondence (If different from Home Address)				
Country			Country		
City/ Region	Post Code		City /Region	Post Code	
Phone No			Telephone		
Email (must <i>be filled</i>)					

SECTION 2. ACADEMIC RECORD

2.1 Highest examination passed:

NVTA Level 3 “O” Level “A” Level NTA-Level 4

2.2. Primary school _____ **District** _____

2.3. „O” Level (Certificate of Secondary Education Examination - CSEE)

School _____ Year _____ Exam NO _____

S/N	Subject	Grade
1		
2		
3		
4		
5		

S/N	Subject	Grade
6		
7		
8		
9		
10		

2.4. College name _____

Course studied _____ Year _____

SECTION 3: EMPLOYMENT DETAILS

Employer name

Employer address

Phone number

E -mail Address

Your position in your institution _____

SECTION 4: SELECTION OF COURSES

4.1. AVAILABLE POST – SECONDARY COURSES.

COURSE		INTAKE
1.	Nursing	September
2.	Community Health	September

ELIGIBILITY (minimum criteria)

1.	Nursing	Chemistry “C”, Biology “C”, Physics “D” plus any other “D”
2.	Community Health	Biology “D” And other three “D” from any Subject.

SELECT THE COURSES

First choice:

Second choice:

4.3. APPLICANT DECLARATION

I declare that the information I have provided in this form is true. I understand that presentation of wrong information will lead to my disqualification and legal action against me.

Applicant’s Signature: *Date:*

SECTION 5: PARENT / GUARDIAN PARTICULARS

Name of parent/guardian

Parent's/guardian's permanent address

Country

Region

District

Parent's/guardian's occupation

Hand phone No

Relationship

SECTION 6: FINANCE

6.1 INDICATE HOW YOU INTENDED TO FINANCE YOU'RE STUDIES AND YOUR LIVING EXPENSES IN MWANZA

How will you finance your studies at MFHSTI? Family Employer Loan Others

Sponsor

Telephone No

E-mail

Sponsor declaration: *I have agreed to finance the above named applicant in his/her studies at MFHSTI and agreed to release funds for tuition fees and other payment on time/when required.*

Name _____ Signature _____ Date: _____

6.2 FEE STRUCTURE MARCH 2018/2019

FEE STRUCTURE MARCH 2018/2019: (FOR LOCAL STUDENTS) FOR FIRST YEAR- NTA LEVEL 4.

S/N	COURSE	FIRST SEMESTER BOARDING	SECOND SEMESTER BOARDING	TOTAL	FIRST SEMESTER DAY	SECOND SEMESTER DAY	TOTAL
1.	Nursing	1,200,000/=	1,100,000/=	2,300,000/=	1,200,000/=	1,000,000/=	2,200,000/=
2.	Community health	1,000,000/=	800,000/=	1,800,000/=	900,000/=	600,000/=	1,500,000/=

FEE STRUCTURE MARCH 2018/2019: (FOR FOREIGN STUDENTS) FOR FIRST YEAR – NTA LEVEL 4.

S/N	COURSE	FIRST SEMESTER BOARDING	SECOND SEMESTER BOARDING	TOTAL	FIRST SEMESTER DAY	SECOND SEMESTER DAY	TOTAL
1.	Nursing	1000\$ USD	1800\$ USD	2800\$ USD	850\$ USD	700\$ USD	1550\$ USD
2.	Community health	800\$USD	800\$USD	1600\$ USD	600\$USD	600\$USD	1,200\$ USD

FEE STRUCTURE MARCH 2018/2019: FOR SECOND YEAR- NTA LEVEL 5

S/N	COURSE	FIRST SEMESTER BOARDING	SECOND SEMESTER BOARDING	TOTAL	FIRST SEMESTER DAY	SECOND SEMESTER DAY	TOTAL
1.	Nursing	1,200,000/=	1,100,000/=	2,300,000/=	1,200,000/=	1,000,000/=	2,200,000/=

FEE STRUCTURE MARCH 2018/2019: (FOR FOREIGN STUDENTS) FOR SECOND YEAR – NTA LEVEL 5

S/N	COURSE	FIRST SEMESTER BOARDING	SECOND SEMESTER BOARDING	TOTAL	FIRST SEMESTER DAY	SECOND SEMESTER DAY	TOTAL
1.	Nursing	1000\$ USD	800\$ USD	1800\$ USD	850\$ USD	700\$ USD	1550\$ USD

NB: MWANAFUNZI ANARUHUSIWA PIA KULIPA ADA KIDOGOKIDOGO/ STUDENT ARE ALSO ACCEPTED TO PAY BY INSTALMENT.

Accommodation fee are included to the above fee structure for boarding students only.

**(Gharama ya hostel /Bweni ni BURE)*

NB: Mwanafunzi wa KUTWA/Day na BWENI atajitegemea kwa Chakula. Chuo kina mgahawa wa bei nafuu sana.

7: TERMS AND CONDITIONS

1. I am responsible for familiarizing myself with and abiding by all College students Policies, as listed in the Admissions.
2. I agree to meet all assessment and exam requirements as stipulated by NACTE, MoHSW and College.
3. I agree to abide by the attendance rules of the College and ensure that my class attendance is minimum of 80% throughout the duration of the course. I understand that if classroom attendance is not maintained at the minimum level then, after warnings, I can be excluded from further studies at the college and my parents/guardian, sponsor will be informed in writing.
4. Any fee payment to the College account is Non-Refundable
5. I am agreed to abide by this declaration I undertake to pay all fees as they become due and to meet any late fees and collection charges.
6. I agree to meet my financial obligations to the College in full and by the due date provided to me as detailed in my payment plan. I understand that I will not be permitted to enroll, sit for exams or graduate if I fail do so.
7. I here by state that the information I have provided to the College is true and factual and that no information which would have a material bearing on this application has been withheld. I understand that the College will take action if it considers appropriate if subsequently it is found that part or all of the information provided is false.

STUDENT DECLARATION:

I am applying for admission to **MFHSTI**. I understand that the decision to offer me a place rests with the college, and the decision of the college is final. If I am offered and accept a place on the program me, I agree to abide to the rules and regulations of the College.

NAME: _____ Sign: _____ Date: _____

Please Note: Students are requires bringing their **Original documents** on Registration Day
AND

1. *This application form (mandatory)*
2. *Three passport size photo of student attach to front of this application*
3. *Bank slips*
4. *Plain paper (A4 one Ream)*
5. *Medical dictionary*
6. *Gloves two dozen*
7. *Mattress (2¹/₂ by 6)*

ALL PAYMENTS SHALL BE PAID DIRECTLY TO THE BANK ACCOUNT,

FSA MKOLANI SACCOS.....02091 (hii benki ipo jirani na chuo)

3300711746 KCB

BANK.....

0166011981

BARCLAYS BANK.....

(Cash money is strictly not acceptable).

- The fees are payable in full or in two installments at the beginning of each academic of year/semester.
- Application fee; 50,000/= (Nonrefundable)
(i.e 20,000/= for school Registration and 30,000/= for Nacte Registration)
- ALL PAYMENT DEPOSIT SLIP SHOULD BE WRITTEN A STUDENT NAME.***

Section 7: APPLICATION INSTRUCTION

1. Non-refundable fee to be paid as follows: For Tanzanians: T.sh 50,000
 For Non-Tanzanians; US \$100
2. Applicant must submit dully filled application form and are advised to attach eligible Photostat copies of academic certificates/result slips, school leaving certificates, a birth certificate, and a non-refundable 50,000 TZS or US \$100 for non-Tanzanian inform of bankers cheque or bank deposit slip.
3. ***The names of selected students will be publicized on our website at the end of every Month, please don't delay your decisions, send your applications now! Few Chances are remained.***
4. **All Forms and slip must be submitted through either of the following means: -**
 - o Scan and submit via our E-mail address: mkolanifoundation@yahoo.com
 - o Send physically to:
*Mkolani Foundation Health Sciences Training Institute
(MFSHTI), P. O. BOX 2739,
MWANZA
Physical Address: Mwanza – Buhongwa-Bulale, Bulale*

The application will be valid only when the evidence of depositing non-refundable application fee, tallies our bank statement and copies of academic certificates.

For more information, visit our Website: www.mfhsti.ac.tz, E-mail: mkolanifoundation@yahoo.com

FOR/MANAGING DIRECTOR:.....
MFHSTI MWANZA –
TANZANIA