

HURUMA ISNTITUTE OF HEALTH AND ALIED SCIENCNES



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MOSHI- TANZANIA

All correspondence to be addressed to the Principal

ADMISSION FORM FOR SOCIAL WORK AT HURUMA INSTITUTE OF HEALTH AND ALLIED SCIENCES

Huruma Institute of Health and Allied Sciences are welcome you to join Health training for Social work of the year **2021/2022**. The Academic training shall start on **18/10/2021**

PERSONAL PARTICULARS

1. Tick the name of the course which you are applied for:

a. Certificate

b. Diploma

2. First name _____ Surname. _____ Middle name. _____

3. Date of Birth _____ Place of Birth _____

4. District _____ Region _____

5. Marital status (tick the appropriate box) Single Married Widow Divorced

6. Sex (Tick the most appropriate box) Male Female

7. Citizenship _____

8. Country of residence _____

9. Any disability None Physical Visual Hearing Speech
Please specify _____

FINANCIAL REQUIREMENTS

Please indicate the sources of financial support; Parent Sponsor

Self (tick the appropriate box) Others specify _____

1. Address of a person who will pay the school fees and other costs

a. Posta address _____

b. Email address _____

c. Phone number _____

SCHOOL FEE STRUCTURE

S.N 0:	ITEM	FIRST YEAR	SECOND YEAR	THIRD YEAR
1	Meals	800,000/	800,000/	800,000/
2	Accommodation	480,000/	480,000/	480,000/
3	Tuition fee	900,000/=	900,000/=	900,000/=
5	NACTE Fee	15,000/	15,000/	15,000/
6	Caution money	30,000/	30,000	30,000
7	Local and Zonal Examinations	40,000/	40,000/	60,000/
8	Library and internet Services	50,000/	50,000/	50,000/
9	Identity card	5,000/	-	-
10	Graduation	20,000/	20,000/	80,000/
11	Procedure and log Books	10,000/		
12	Field work	100,000/	100,000/	100,000/=
TOTAL		2,450,000/	2,435,000/	2,515,000/

- The School fee shall be paid in **Account Name: Our Lady of Kilimanjaro Sisters, Account Number: 40403500007, NMB Bank.**
- None will be allowed to sit for End of Semester Examination unless has paid the required Semester Fee.
- **Uniform and Casual Clothes**
 - These include 2 pair of trouser, 2 shirts, 2 sweaters, 1 short sleeve sweater for boys and 2 gowns, 2 sweaters, and 1 short sleeve sweater for girls. Casual clothes include; 3 T- shirts, 3 Black trousers for boys and 3 skirts for girls), Casual suit coat. Total cost of all uniform = **Tsh. 200,000/=**

OTHER EXPENSES WHICH ARE PAID DIRECT TO THE STUDENT OR MINISTRY

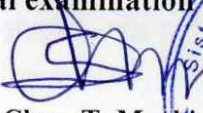
A. Paid direct to the Student

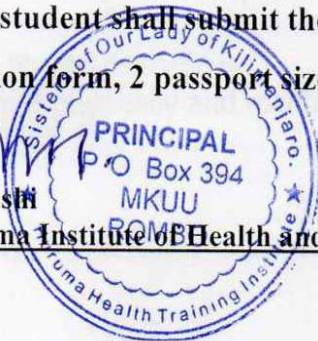
- a. Student union Fees **10,000/=**
- b. The first and second year, 2nd semester student shall conduct field work practice as will be allocated in the community for the entire period of 8 weeks per each semester. The students should come with **TSh 200,000/=** for her/his stay in the community
- c. National Health Insurance Fund only for those do not have from parents) Sh. **50,400/=**

OTHER REQUIREMENTS

- Pair of bed sheets, pillow and pillow case of light blue (Bed sheet available in the collage for **18,000/ to make uniformity**)
- 3 pairs of flat or low heel black shoes
- A blanket, bed net for all
- Light Blue Tracksuit for evening self-study for all
- Bring an umbrella for use during rain season
- Boys come with 1 black trouser and 1 white shirt
- For Examination purposes please come with 1 rim of A 4 paper
- Bucket for bathing and washing your clothes
- Laptop/Tablet (if affordable), exercise books for writing, pen, English medical dictionary,
- Religious books according to one's Faith
- Eating utensils
- Transport to and from school will be covered by students himself.
- Come with your Secondary uniform for interim use while waiting for proper Uniform

On reporting, the student shall submit the following; page number one of admission form, medical examination form, 2 passport size photos and bank slip used to pay the fees.


Sr. Clara T. Musthi
Principal Huruma Institute of Health and Allied Sciences



N.B : Find Attached medical Examination form, to be filled by Qualified and Registered Medical Doctor

**HURUMA HEALTH TRAINING
INSTITUTEMEDICAL
CERTIFICATE**

First name..... second name.....Surname

Age..... Sex.....

Marital status.....Citizenship

PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No. Tuberculosis..... Pneumonia..... Rheumatic Fever..... Allergy.....

Gastric or duodenal..... Jaundice.....

Recurrent indigestion..... Dysentery..... Varicose Veins.....Kidney or urinary disease..... Diabetes.....Epilepsy..... Deformity..... Psychotic Eye disorder.....

Ear , Nose or Throat disorder..... Skin disease.....Anemia.....

Gynecological disorder.....

Malaria or other tropical disease.....

Major or minor operations..... Serious accidents.....

Any other serious disorder.....

PHYSICAL EXAMINATION

Skin disease..... Eye Conjunctivae Pupils.....

Vision: Right.....Left.....

Please state condition of Ears (if any discharge).....

Mouth and throatNose.....Any Abnormality.....

Cardiovascular System

Heart Disease.....

Blood Pressure: Systolic.....Diastolic.....

Heart: Any Murmur?Arteries and Veins.....

Abdomen: Hernia.....Masses.....Liver.....

Hydrocele.....Kidneys disease Rectal disease.....

Any Clinical evidence of hyperacidity or gastric duodenal ulcer?.....

LABORATORY

Urine Albinum.....Sugar.....Bilharzia.....

Stool: Special emphasis on Hookworm or Bilharzia.Blood examination : Hb Level.....

(a) Neutrophils.....

(b) Eusinophils.....

(d) Lymphocytes.....

(e) Monocytes.....

(f) ESRX-ray examination – Chest.....

Serology: VDRL Pregnancy Test

CONCLUSION

I have examined Mr/Mrs/Miss/Sr/Br/.....and considered that she/he is/is not physically and mentally fit to be admitted to higher studies.

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Name..... Signature Date

Title Qualifications.....

Address