Application form for Admission into RAO Health Training Center: Certificate in Clinical Medicine

PLEASE READ CAREFULLY BEFORE FILLING OUT THE APPLICATION

1. Use black or blue pen to fill in the application.

2. Admission requirements per program:

**Clinical Assistant** - applicants must have at least a Certificate of Secondary Education Examination with a minimum D score in Science Subjects (Biology, Chemistry, & Physics). A pass in English & Mathematics is an advantage.

**Clinical Officer** - applicants must have at least a Certificate of Secondary Education Examination with a minimum C score in Biology & Chemistry, accompanied by at least a D in Physics.

Copies of certificates must be attached to and submitted with the completed form.

3. All applications must be accompanied by the application fee of 20,000/= TZ Shillings or bank deposit slip. Application fee for non-Tanzanian citizens is 30,000/= TZ Shillings. All fees may be deposited in NMB Bank.

**Name of Account: RAO HOSPITAL**

**Account Number: 32806600003**

Any application not accompanied by the required documents will not be processed nor

acknowledged.

4. Attach two colored passport size photographs taken within the last three months

without tinted spectacles.

5. The application deadline for academic year \_\_\_\_\_\_\_\_\_\_\_ is the 20th of August. The filled application form and the indicated attachments should be returned to:

**Principals Office**

**RAO Health Training Center**

**P.O. Box 42**

**Shirati – Rorya, Tanzania**

**OR via email to:**

**raohtc@raocoop.org**

RAO HEALTH TRAINING CENTER

General Application for Admission Form

Please answer the following questions in black or blue ink pen.

1. Which program are you applying for? (please indicate below)

CLINICAL ASSISTANT CLINICAL OFFICER

2. Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(as on your certificates)

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Full Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Gender (Circle one): Male Female

6. Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Marital Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Citizenship(Circle one): Non- Tanzanian Tanzanian

If you are not Tanzanian Citizen, and if you live in Tanzania, please indicate the type of

Immigration document you possess (attach copy):

Permanent Resident

Resident Permit Class C

Student

Other types (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Citizenship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. As a student, do you have special needs related to

physical/medical/psychological/learning disability or other limitation? (Circle one)

YES NO

If yes, specify the disability or other limitations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. Name all secondary schools attended and full name of the certificate obtained

|  |  |  |  |
| --- | --- | --- | --- |
| School Name | Location | Dates Attended | Certificate Award |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

11. List all post secondary institutions, qualifications and trainings you have completed.

Program Name Date Attended Certificate/Award

|  |  |  |  |
| --- | --- | --- | --- |
| School Name | Location | Dates Attended | Certificate Award |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

12**. Declaration**

I certify that the information provided above is true and complete in all respects and

that no relevant information has been withheld. I agree that the RAO Health Training

Center (HTC) retains the right to nullify my admission if the information provided is false

or incomplete. I agree to abide y the rules and regulation of the RAO HTC. I certify that

I am not under suspension or dismissal from another institution for reasons of academic

misconduct.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

