General Application Form for Admission to RAO Health Training Center

PLEASE READ CAREFULLY BEFORE FILLING OUT THE APPLICATION.

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

2. Admissions requirements for the program:

**Clinical Medicine** - applicants must have at least a Certificate of Secondary Education Examination with a minimum D score in Biology & Chemistry, Physics, Math and English.

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

3. All applications must be accompanied by the application fee of 30,000/= TZ Shillings or a bank deposit slip. The application fee for non-Tanzanian citizens is 40,000/= TZ Shillings. All fees may be deposited in NMB Bank.

**Name of Account: RAO HOSPITAL HTC**

**Account Number: 32810003985**

Any application not accompanied by the required documents will not be processed or

acknowledged.

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

without tinted spectacles.

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 using black or blue ink only.

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

CLINICAL Medicine (Check for Certificate or Diploma)

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

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

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

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

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

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

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

5. Gender (Check one): Male Female

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

7. Marital Status: Single Married

8. Citizenship: Non-Tanzanian Tanzanian

If you are a non-Tanzania Citizen and you live in Tanzania or will be living in Tanzania, please indicate your immigration status and attach copy of the supporting legal documentation:

Permanent Resident

Resident Permit Class C

Student

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

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

9. As a student, do you have any disability (physical or mental impairment that substantially limits your activities) or require any special accommodations? If yes, specify the disability or indicate the requisite accommodations (*you must also provide supporting documentation*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Name all primary and secondary schools attended and the full name of the certificates awarded.

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

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

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

12. FORM IV EXAMINATION NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. GUARDIAN NAME AND PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14**. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_

