



# ZANZIBAR SCHOOL OF HEALTH (ZSH)

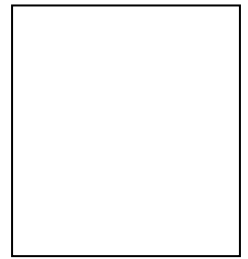
SHABUILDING, KWA MCHINA

P.O.BOX 1280

TEL: 024 2234136. MOBILE: 0773255010 or 0772264216. Fax: 024 2234135

Email: [info@zsh.ac.tz](mailto:info@zsh.ac.tz)

Web: [www.zsh.ac.tz](http://www.zsh.ac.tz)



## APPLICATION FORM FOR INTAKE - 2020/2021

Write the appropriate course including first priority and second priority

Diploma in Clinical Medicine

Diploma in Nursing and Midwifery

Diploma in Counselling Psychology

Diploma in Disaster Management

### 1.0: APPLICANT PERSONAL INFORMATION

Applicant's Name.....Date of Birth.....Male/Female

Place of origin (where parents were born).....

ID No.....Place issued.....Date issued.....

PhysicalAddress.....Phone:.....Email.....

Course title:..... Date applied.....:

### 2.0 EDUCATIONAL BACKGROUND

Name of Institution	Write "A" or "O" Level	Year		List of Subject Scores
		From	To	

APPLICATION FEE IS NON - REFUNDABLE

**Answer all if you are employed or start from number 4 if you are not**

**3.0 WORKING EXPERIENCE:**

Title of your current position:.....Years of working experience:.....

Description of duties:

.....  
.....

**4.0 PERSONAL QUESTION**

Briefly indicate reasons for applying for this course

.....  
.....

What are your expectations from this course?

.....  
.....

**5.0 ATTACHMENT NEEDED**

Please attach certified copies of the following documents:

- Copy of school certificates (“O” level, “A” level and leaving school certificates)
- Copy of birth certificate, Copy of identification card, two recently taken passport size and one stamp size photograph

**6.0 DECLARATIONS**

I.....certify that all information in this form is true and completed to the best of my knowledge.

Date..... Signature of applicant.....

<b>FOR COLLAGE USE ONLY</b>	
Date received:.....	Applicant No:.....
Accepted/Rejected.....	Recommendations.....
Date confirmed.....	PRINCIPAL Signature:.....

## TAARIFA ZA MWANAFUNZI

1. JINA LA MWANAFUNZI .....
2. TAREHE YA KUZALIWA .....
3. NAMBA YA KUMALIZIA KIDATO CHA NNE .....
4. MWAKA ULIOMALIZA KIDATO CHA NNE .....
5. SHULE ULIYOSOMA PRIMARY .....
6. SHULE ULIYOSOMA SEDONDARY .....
7. EMAIL .....
8. NAMBA YA SIMU .....
9. JINA LA MZAZI .....
10. AINA YA UHUSIANO .....
11. NAMBA YA SIMU YA MZAZI .....
12. S.L.P .....
13. MTAA UNAOKAA .....
14. MKOA .....
15. WILAYA .....
16. KIWANGO CHA ELIMU .....
17. KOZI UNAYOTAKA KUISOMA .....