



KAM COLLEGE OF HEALTH SCIENCES

P.O. Box 65158, Mobile: 0713 / 0784 615663

E-mail: musikatz@yahoo.com or kamcollegehealthtz@yahoo.com

WEBSITE: www.kamcollegeofhealthscience.co.tz

*Attach three
passport size
photographs*

COLLEGE REG. NUMBER - REG/HAS/104

STUDENT JOINING FORM YEAR 2018/2019

This form can be typed or handwritten.

First Name	
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Section 1: APPLICANT DETAILS		<i>Please complete in BLOCK letters or type</i>	
Second Name			
Surname			
Date of Birth		Nationality	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/>
Do you consider yourself to have a disability?		Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Children
		Do you have a criminal conviction	Yes <input type="checkbox"/> No <input type="checkbox"/>

Permanent Home Address				Address for Correspondence (If different from Home Address)			
City		Country		City		Country	
Post Code				Post Code		Country	
Telephone				Telephone			
Email	<i>Please write your e-mail address clearly</i>						

Section 2: COURSE SELECTION

<p>PROGRAMMES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certificate in clinical medicine N.T.A -5 <input type="checkbox"/> Diploma in clinical medicine N.T.A - 6 <input type="checkbox"/> Certificate in Medical Laboratory Technology NTA-5 <input type="checkbox"/> Diploma in Medical Laboratory Technology NTA -6 <input type="checkbox"/> Certificate in Nursing N.T.A – 5 <input type="checkbox"/> Diploma in Nursing N.T.A-6 <input type="checkbox"/> Certificate in Pharmaceutical Sciences NTA-5 <input type="checkbox"/> Diploma in Pharmaceutical Sciences NTA-6 	<p>QUALIFICATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinical Assistant (CA) <input type="checkbox"/> Clinical Officer (CO) <input type="checkbox"/> Laboratory Assistant <input type="checkbox"/> Laboratory Technician <input type="checkbox"/> Enrolled Nurse (EN) <input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Pharmaceutical Assistant <input type="checkbox"/> Pharmaceutical Technician
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<p>PROGRAMMES: (Foundation Courses – N.TA Level 4) Pharmaceutical Dispensing, Basic Technician Certificate in Community Health.</p>	<p>QUALIFICATION: NTA Level 4</p>
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Section 3: EDUCATION DETAILS / ENTRY QUALIFICATIONS

FOR CLINICAL MEDICINE, NURSING, PHARMACEUTICAL SCIENCES AND MEDICAL LABORATORY PROGRAMME:

- **Certificate in Clinical Medicine;** Holders of Certificate of Secondary Education (CSEE) with “D” Pass in science subjects (i.e. Physics/Engineering sciences, Chemistry and Biology, English and B/Maths.
- **Certificate in Medical Laboratory;** Holders of Certificate of Secondary Education (CSEE) with “D” PASS in Biology, Chemistry, Physics, English and B/Maths.
- **Certificate in Nursing;** Holders of Certificate of Secondary Education (CSEE) with “C” pass in Chemistry and Biology, and “D” pass in Physics/Engineering Sciences.
- **Certificate in Pharmaceutical Sciences;** Holders of Certificate of Secondary Education (CSEE) with “D” PASS in Physics /Engineering Sciences, Chemistry & Biology.
- **Diploma in Clinical Medicine;** Holders of Certificate of Secondary Education (CSEE) with “C” Pass in Chemistry and Biology and “D” in Physics/Engineering science, English, & B/Maths
- **Diploma in Medical Laboratory;** Holders of Certificate of Secondary Education (CSEE) with “C” pass in Chemistry and Biology, and “D” pass in Physics, English and B/Maths.
- **Diploma in Nursing;** Holders of Certificate of Secondary Education (CSEE) with “C” pass in Chemistry and Biology, and “D” pass in Physics/Engineering Sciences.
- **Diploma in Pharmaceutical Science;** Holders of Certificate of Secondary Education (CSEE) with four (4) passes “C” pass in Chemistry and Biology, and “D” pass in Physics/Engineering Sciences and any other subject except Religious subject.

BASIC TECHNICIAN CERTIFICATE IN COMMUNITY HEALTH AND PHARMACEUTICAL SCIENCES

- (i) **Basic Tech. in Community Health;** Holders of Certificate of Secondary Education (CSEE) with four (4) “D” passes including Biology.
- (ii) **Basic Pharmaceutical Sciences;** Holders of Certificate of Secondary Education (CSEE) with four (4) Passes including “D” passes in Chemistry and Biology.

List all academic qualifications “O” “A” Level grade or equivalent transcripts attach

Qualification	From	To	School / College/ University name	Grade / % Mark

Section 4: APPLICATION PROCEDURES

An applicant is advised to follow these procedures:-

- A. Through online www.kamcollegeofhealthscience.com Email: kamcollegehealthtz@yahoo.com**
- I. Necessary and required certificates (Scan and email us)
 - II. 50,000/= Tsh application fee. Payments are to be made at the bank, scan your bank slip and send through our email address.
 - III. 2 recent passport size (Still picture)
 - IV. Download your application form online through our website keep it till your reporting day.
- B. Direct contact or visit the college.**
- i. Visit Kam college located at Kimara Korogwe (RESORT BUS STATION)
 - ii. Bring your 50,000/= Tsh, 3 passport size and certificates
 - iii. After direct communication you will be given a joining form.

Section 5: EMPLOYMENT DETAILS:

Important if you are applying as a mature age student.

Please give details of positions held over the past 5 years, if you are applying as a mature – age or for admission as a post graduate, provide detailed job descriptions on separate page and attach documentary evidence, e.g. reference letters from employers.

Employer name	Address	Position held	From	To

Section 6: REFERENCES

Please complete in BLOCK letters or type.

Please provide the names of two referees; at least one should be an academic referee who has knowledge of your academic ability.

Referee name	Address	Telephone	E-mail

Section 7: FINANCES

Indicate how you intend to finance your studies and your living expenses in Dar es Salaam.

How will you finance your studies at KCHS? Family Employer Loan Savings Other

Parents/Guardians		Job Title	
Telephone No.		E-mail	

Sponsor Declaration: I have agreed to finance the above named applicant in his/her studies at KCHS and agreed to release funds for tuition fees and living expenses as and when required.

Signed: _____ Name _____ Date: _____

Section 8: FEES STRUCTURES & PAYMENT

All payments shall be paid directly to **KAM MEDICARE PHARMACY** Bank account at CRDB – Vijana branch DSM (**Account No. 01J1005525700**) or **KAM COLLEGE OF HEALTH SCIENCES** Bank account at CRDB – Ubungu branch DSM (**Account No. 0150435535400**)

- Bring bank slips to the college.
- The fees are payable in full or in two installments at the beginning of each academic year / semester.
- **Application Form Fee is 50,000/= Tsh:** /= to be paid through the bank account above.
- Clinical Medicine Course (CA & CO), Medical Laboratory Course (CMLT & DMLT), Nursing, Pharmaceutical Sciences, Direct Diploma Programmes & Other programmes
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1: DIPLOMA - UPGRADING: (N.T.A LEVEL 6)

DESCRIPTION	DAY	HOSTEL
Total cost to college (without meal)	3,500,000.00	4,000,000.00
Meal		1,488,000.00
Total cost to college (with meal)		5,488,000.00

2: CERTIFICATE & DIPLOMA - DIRECT ENTRY (N.T.A LEVEL 5 & 6)

DESCRIPTION	DAY	HOSTEL
Tuition fees	3,000,000.00	3,000,000.00
Accommodation		500,000.00
Total cost to college (without meal)	3,000,000.00	3,500,000.00
Meal		1,488,000.00
Total cost to college (with meal)		4,988,000.00

3: Basic Technician Certificate N.T.A Level 4 (Pharmaceutical Dispensing, Community Health)

DESCRIPTION	DAY	HOSTEL
Tuition fees	2,000,000.00	2,000,000.00
Accommodation		500,000.00
Total cost to college (without meal)	2,000,000.00	2,500,000.00
Meal		1,488,000.00
Total cost to college (with meal)		3,988,000.00

4: Ministry of Health, Community Development, Gender, Elderly and Children Examination fee

Annual Examination fee:	150,000.00
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Other payment pending on examination regulation may be needed / arises.

- National Examination Supplementary fees (kurudia mtihani 370,000/-)

Section 9: ACCOMODATIONYES NO (tick ✓)

All residents are required to sign an accommodation agreement / contract before allocated to the room.

If **YES**:- During your stay bring:-

- i) 2 pair of bed sheet
- ii) 1 pair of pillow cases
- iii) 1 Towel & snickers
- iv) 1 Mosquito net
- v) 1 bucket
- vi) 2 Spoons, 2 Cups, Food plates / dishes & Small containers (bakuli)

Section 10: COLLEGE UNIFORMS

All uniforms are available at the college campus and should be paid by cash during registration.

MALES:

- i. Khaki trouser per 25,000/- Tsh
- ii. White shirt per 15,000/- Tsh (**For students of Clinical Medicine, Medical Lab and Pharmacy programme only**)
- iii. Long sleeved Clinical coat per 25,000/- Tsh (**For students of Clinical Medicine, Medical Lab and Pharmacy programme only**)
- iv. Full trouser and Shirt 50,000/- Tsh **for Nursing (white full on suit) and Community Health (green full on suit)**

FEMALES:

- i. Heavy white dress with Khaki label on shoulder for 25,000 tsh (**For students of Clinical Medicine, Medical Lab, Nursing and Pharmacy programme only**)
- ii. Green dress for 25,000/- /- (**For students of Community Health Programme only**)
- iii. **Pink dress for 25,000/-Tsh (For Nursing students only)**
- iv. **Full trouser and gown/Hijabu for 50,000 Tsh.**

NB: Jeans materials are not allowed in classes and during clinical/practical duties in hospitals.
Students should wear Black or dark brown shoes during class, practical/Clinical sessions hours.

Section 11: MEDICAL EQUIPMENTS / INSTRUMENTS:

- **For Clinical Medicine Course:**
Sphygmomanometer, Patella hummer, Stethoscope, Tape measure, Penlight.
- **Other Programmes:**
Will be instructed during training sessions

Section 12: MEALS The college has student's cafeteria

- All 3meals (breakfast, lunch & dinner) will be served to **residents** and **non-residents** at affordable price (depending on the menu of the day).
- Each student is advised to bring enough pocket money for his/her daily meals during field / practical work (out of the college campus periods).

Section 13: MEDICAL STATUS / REPORTS

- Do you have long term injury, specific learning disability, chronic illness or mental health condition (tick) Yes
 No

If yes please specify Mobility Vision Hearing Speech

Other please specify (infections, congenital diseases etc)

Supported by authorized physician (doctor) comments:- The applicant is / is NOT physically and mentally fit.

Dr's Name: _____

Dr's Signature: _____

Stamp: _____

Section 14: DOCUMENTS REQUIRED

Bring with you

1. This application form (mandatory)
2. Latest academic transcripts/ certificates (mandatory) from highest qualification only
 - Bring unexpired, both original and legal certified copies.

3. Three passport-size photo of student
Attach to front of this application
4. Bank Slips

Please note: Students are required to bring their **original documents** on Registration Day.

Section 15: TERMS AND CONDITIONS

1. I am responsible for familiarizing myself with and abiding by all College student policies, as listed in the Admissions.
2. I agree to meet all assessment and exam requirements as stipulated by the College.
3. I agree to abide by the attendance rules of the College and ensure that my class attendance is minimum of 85% throughout the duration of the course. I understand that if classroom attendance is not maintained at the minimum level then, after three warnings, I can be excluded from further studies at the College and my parents/guardian, sponsor will be informed in writing.
4. No refunds will be given for any payment made, including sponsor overpaid school fees.
5. In agreeing 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 to do so.
7. I hereby 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 KCHS. 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 programme, I agree to abide the rules and regulations of the College.

Signed: _____ Name: _____ Date: _____

Section 16: KCHS DECISION ON STUDENTS ADMISSION

For official use

The said applicant by the name above is registered and selected to join the programme of (Tick ✓)

1) Medical Laboratory for (i) Certificate (NTA LEVEL 5) (ii) Diploma (NTA LEVEL 6)

2) Clinical Medicine for (i) Certificate (NTA LEVEL 5) (ii) Diploma (NTA LEVEL 6)

3) Nursing for (i) Certificate (NTA LEVEL 5) (ii) Diploma (NTA LEVEL 6)

4) Pharmaceutical Sciences (i) Certificate (NTA LEVEL 5) (ii) Diploma (NTA LEVEL 6)

5) Other programmes :-

(i) Basic Technician Certificate in Pharmaceutical Sciences

(ii) Basic Technician Certificate in Community Health

Commencing on:- Day of Year

Section 17: College Registration Number **REG/HAS/104**

KAM College of Health Sciences (KCHS) Registered by both: -

The National Council for Technical Education (NACTE) and Ministry of Health, Community Development, Gender, Elderly and Children.

For / Principal:

KAM COLLEGE OF HEALTH SCIENCES

(Official stamp)