



**ST. BAKHITA HEALTH TRAINING INSTITUTE**  
 P. O. BOX 17 NAMANYERE – NKASI, RUKWA – TANZANIA  
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<b>RECENT PASSPORT SIZE</b>
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**APPLICATION FORM FOR ADMISSION TO CERTIFICATE AND ORDINARY DIPLOMA  
PROGRAMMES FOR THE ACADEMIC YEAR ...../.....**

(Please read carefully the Instructions before filling in this application form)

**PART 1: CHOICE OF PROGRAMMES**

In the table below, CHOOSE the Certificate and/or Diploma Programme you would like to study by putting a mark sign **(v)** on your preference

N O	Type of course	Durat ion	Entry Requirements	Indicate preferenc e
1	Basic Technician certificate in Community Health	One year	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) passes including 'D' pass in Biology <b>NTA LEVEL 4</b>	
2	Technician Certificate in Medical Laboratory	Two years	Holders of Certificate of Secondary Education Examination (CSEE) with five (5) passes. 'D' passes in sciences subjects (i.e. Physics/Engineering Sciences, Chemistry Biology, English and Mathematics); <b>NTA LEVEL 5</b>	
3	Technician Certificate in Nursing	Two years	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) passes in non-religious subjects including "C" passes in Chemistry and Biology; and "D" passes in Physics/Engineering Sciences and English and pass in Mathematics will be added advantage. <b>NTA LEVEL 5</b>	
4	Ordinary Diploma In Nursing (pre Service)	Three years	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) passes in non-religious subjects including 'C' pass in Chemistry and Biology; and 'D' pass in Physics/Engineering Sciences <b>NTA LEVEL 6</b>	
5	Ordinary Diploma In Clinical Medicine	Three years	Holders of Certificate of Secondary Education Examination (CSEE) with four (4) passes in non-religious subjects including 'C' pass in Chemistry and Biology; and 'D' pass in Physics/Engineering Sciences <b>NTA LEVEL 6</b>	

6	Ordinary Diploma In Medical Laboratory Science	Three Years	Holders of Certificate of Secondary Education Examination (CSEE) with 'C' pass in Chemistry and Biology, and 'D' passes in Physics, English and Mathematics <b>NTA LEVEL 6</b>
7	Ordinary Diploma In Nursing (In service)	Two Years	<ul style="list-style-type: none"> <li>• Holder of Certificate NTA level 5 in related field with 'D' pass in Biology, Chemistry or Physics (CSEE) for the graduates starting from 2010; <b>OR</b> Graduates before NTAs system should have certificate in Nursing and Midwifery/Public Health Nurse B and at least D Pass in any of science subject;</li> </ul> <p><b><u>Necessary Attachments:</u></b></p> <ul style="list-style-type: none"> <li>• Register and License to practice by TNMC</li> <li>• Technician Certificate and Transcript in the related field</li> <li>• Letter of permission from employer <b>NTA LEVEL 6</b></li> </ul>
8	Ordinary Diploma In Medical Laboratory Science (In service)	One Year	<ul style="list-style-type: none"> <li>• Holder of Certificate NTA level 5 in Medical Laboratory Sciences with 'D' pass in Biology (CSEE); <b>OR</b></li> </ul> <p>Holder of Certificate in Medical Laboratory Sciences awarded before 2012 with 'D' in Biology and Chemistry; <b>AND</b></p> <p><b><u>Necessary Attachments:</u></b></p> <ul style="list-style-type: none"> <li>• Technician Certificate and Transcript in the related field</li> <li>• Letter of permission from employer.</li> <li>• License to practice</li> </ul>

**Note:**

All applicant for community health programme they must be Holders of Certificate of Secondary Education Examination (CSEE) with four (4) passes in non-religious subjects including "D" pass in Biology **OR** An applicant who has received informal training in Community Health Workers (CHWs), Para Social work (PSW) and Medical Attendant (MAs) recognized programs; and practiced in the respective area **AND** Holder of Certificate of Secondary Education Examination **OR** Advanced Certificate of Secondary Education Examination. Admission of such applicants into the programme will follow guidelines and procedures for Recognition of Prior Learning (RPL) prescribed by NACTE; **Necessary Attachments:** Birth Certificate, Letter from Village Executive Officer (VEO) and Certificate for CHWs, PSWs or MAs training (if attended).

**PART 2: PERSONAL INFORMATION**

<b>First name</b>	<b>Middle name</b>	<b>Surname</b>	<b>Date of birth</b>

<b>Gender</b>	<b>Physical impairment if any</b>	<b>Email address</b>

<b>Nationality</b>	<b>Region</b>	<b>District</b>
<b>Name of Next of kin</b>	<b>His/her number</b>	<b>Relationship</b>
<b>Applicant phone number</b>	<b>Applicant address</b>	<b>Next of kin address</b>

**PART 3: EDUCATION. Certificate of Secondary Education Examination**

<b>Form four index number</b>	<b>Year of completion</b>

<b>SUBJECT</b>	<b>GRADE</b>	<b>YEAR</b>	<b>SUBJECT</b>	<b>GRADE</b>	<b>YEAR</b>
Biology			History		
Chemistry			Geography		
Physics			Civics		
Mathematics			Kiswahili		
English					

<b>Form six index number and year</b>	
<b>Name of Primary School</b>	

**PART 4: FINANCE**

Indicate how you will finance your studies if you will be selected to join the **ST. BAKHITA HEALTH TRAINING INSTITUTE**

How will you finance your studies at St. bakhita H.T.I? <input type="checkbox"/> Family <input type="checkbox"/> Employer <input type="checkbox"/> Loan <input type="checkbox"/> Savings <input type="checkbox"/> Other(specify)			
<b>Parents/Guardians</b>		<b>Job Title</b>	
<b>Telephone No.</b>		<b>E-mail</b>	

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

Signed: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_\_

#### PART 5 REFERENCES

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

S/N	Referee name	address	telephone
1			
2			
3			

#### PLEASE TAKE NOTE;

- 1. ALL MONEYS PAID ARE NON –REFUNDABLE; Make proper decisions before payments**
- 2. St. bakhita fee structure is annual; hence the management reserves the right to change the fees structure at the end of each academic year**

**Note:** No student will be allowed to seat for either internal or external examination even accessing College services before completing his /her payments.

## MODE OF SUBMISSION

One dull filled copy of this form together with copies of certified school certificates and birth certificate be sent to:

**Registrar, P.O. Box 17, Namanyere – Nkasi, Tanzania. Mob: 0766725242, 0714725242.**

Non-refundable application fee of 30,000/= should paid CASH to registrar office or deposited bank to our account ST. BAKHITA NURSING SCHOOL A/C NO. 62001100013 NMB NKASI CORPORATE BRANCH and notify us by a credit note or a copy of a bank pay in slip.

## TERM AND CONDITION FOR ST. BAKHITA HEALTH TRAINING INSTITUTE

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 stipulates by the College and as per curriculum.
3. I agree to abide by the attendance rules of the College and ensure that my class attendance is minimum of 90% 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.
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 enrol, sit for exams or graduate if I fail 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 **St. Bakhita**. 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: \_\_\_\_\_

**NOTE**

The information given in this form will be used for admission purposes only. Non-disclosure of details or provision of false information to any of the sections in this form if discovered shall render your registration cancelled.)

\*\*\*\*\* FOR OFFICIAL USE ONLY \*\*\*\*\*

Application form has been received by the Admissions Officer, St. Bakhita Health Training Institute, Namanyere.

Name of Officer: .....Signature.....Date: .....

Decision by the SENATE: .....

