

**CENTRE FOR EDUCATIONAL DEVELOPMENT
IN HEALTH, ARUSHA (CEDHA)**

DIPLOMA IN HEALTH PERSONNEL EDUCATION

Year _____

Application Form

Complete this form in Block Capitals. Tick into appropriate boxes. (Delete what is not applicable). Submit with Curriculum Vitae and photocopies of your certificates **five months** before course begins.

Surname/FamilyName: _____

Other names: _____

Title: _____ Marital Status: _____ Sex: _____

Date of Birth: _____

Nationality: _____ by Birth/Registration No. _____ of _____

Correspondence Address: _____

Tel: _____ Fax: _____ E-mail: _____

Next of Kin-Name: _____ Relationship: _____

Address: _____

Basic Education:

	Place	Date
'O' Level	_____	_____
'A' Level	_____	_____
Training:	_____	_____
	_____	_____
	_____	_____

Professional/Qualification: _____

_____ Year: _____

Working Experience:

Employer	Position	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer's comments:

Signature: _____

Title: _____

(Rubber Stamp)

Extent of fluency in English:

Very Good Good Fair

Name and Address of sponsoring Agency:

Declaration and Signature of candidate seeking admission:

I _____ (name) declare that the information given on this form and in the attached Curriculum Vitae is correct. I confirm that if admitted and while at the centre I will follow the instructions and adhere to the rules at the Centre.

Other Referees:

1. Name: _____ Position _____

Address: _____

2. Name: _____ Position _____

Address: _____
