

CENTRE FOR EDUCATIONAL DEVELOPMENT

IN HEALTH, ARUSHA (CEDHA)

APPLICATION FORM FOR LONG COURSE (To be used only by Foreign Applicants)

Academic Year: -----

Complete this form in Block Capitals. Tick into appropriate boxes. (Delete what is not applicable). **Submit with Curriculum Vitae and photocopies of your Secondary and professional certificates before application deadline**

Surname/Family Name: _____

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:

	School	Year
'O' Level Secondary	_____	_____
'A' Level Secondary	_____	_____

Professional Training _____

Professional Qualification: _____

Work Experience:

Employer	Position	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

English fluency:

Very good Good Fair

Employer's recommendation:

Signature: _____ **Title:** _____

(Rubber Stamp)

Name and Address of sponsoring Agency-

Sponsor's commitment:

I commit to pay the fees and other costs of the applicant if admitted to the course:

Signature: ----- **Official stamp (if applicable)**

Declaration and signature of candidate seeking admission:

_____ (name) declared that the information given on this form and the attachments are 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:

Name: _____

Address: _____

Position _____

Name: _____

Address: _____

Position _____

Remember to attach certificates of secondary education, professional education and curriculum vitae