



# DECCA COLLEGE OF HEALTH AND ALLIED SCIENCES (DECOHAS)

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## STUDENT APPLICATION FORM

Attach three colored passport size

***(Carefully read the 'Instructions to Applicants' before filling in this application form.***

***This form can be typed or handwritten)***

Academic Year for which admission is sought (e.g. 2014/2016): .....

### **CHOICE OF CERTIFICATE & DIPLOMA PROGRAMMES IN DESCENDING ORDER OF PREFERENCE**

In the table below, enter the Certificate and/or Diploma Programme you would like to study in descending order of preference. Details of the Certificate & Diploma Programmes are given in the "Instructions to Applicants".

Choice of programme	Department	Programme	Full Name of Programme as Indicated in the Instruction to Applicants
First choice			
Second choice			
Third choice			

**Section 1: Applicant Details (Please complete in BLOCK letters or typed)**

<b>Last Name</b>								
<b>First Name</b>			<b>Middle name</b>					
<b>Date of Birth</b>				<b>Nationality</b>				
<b>Gender</b>	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>	<b>Marital Status</b>	<b>Single</b> <input type="checkbox"/>	<b>Married</b> <input type="checkbox"/>	<b>No. of Children</b>		
<b>Do you consider yourself to have a disability?</b>			<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Do you have a criminal conviction?</b>		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

<b>Permanent Home Address</b>		<b>Address for Correspondence (If different from Home Address)</b>	
<b>City</b>		<b>City</b>	
<b>Country</b>		<b>Country</b>	
<b>Telephone</b>		<b>Telephone</b>	

<b>Email</b>	<i>Please write your e-mail address clearly</i>
<b>Section 2: Education Details</b> <i>(your qualifications must demonstrate eligibility for the course, complete in BLOCK letters or type)</i>	

List all academic qualifications that you have achieved "O", "A" level grade or equivalent. Copies of all relevant final transcripts must be attached with this application.

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

List any results you are awaiting and including anticipated grades.

Qualification/course/examination	Exam date	School /College/University name	Expected grade

<b>Section 3: Employment Details:</b>	<i>(Important if you are applying as a mature age entry).</i>
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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

<b>Section 4: Accommodation</b> <i>(tick ✓ if you need accommodation)</i>	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
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All residents are required to sign an accommodation tenant agreement form /contract before allocated to the room. In a room you will find a bed, mattress and keys

**Section 5: Finance**

Indicate how you intend to finance your studies and your living expenses in Dodoma.

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

<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 DECOHAS and agreed to release funds for tuition fees and living expenses as and when required.

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

**Section 6: Referees**

*(Please compete 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.

<b>Referee name</b>	<b>Address</b>	<b>Telephone</b>	<b>E-mail</b>