

APPLICATION FORM 2022/2023

HERI NURSING SCHOOL

TEL: 0769426747,0758047927

E-mail: herinursingschool@gmail.com

Website: www.herinursingschool.ac.tz



P O BOX 78

KIGOMA

NACTE REG NUMBER -REG/HAS/133

STUDENT APPLICATIONS FORM 2022/2023 ACADEMIC YEAR

SECTION 1: APPLICANT DETAILS *(Please complete in Capital Letters)*

FIRST NAME	
SECOND NAME	
LAST NAME	
DATE OF BIRTH	
NATIONALITY	
E-MAIL ADDRESS	
PHONE NUMBER	
GENDER	(Tick one) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MARITAL STATUS	(Tick one) SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/>
Do you have a disability? If any disability explain	

APPLICANT PERMANENT HOME ADDRESS

COUNTRY	REGION/CITY	DISTRICT	POST CODE
			P O BOX

PARENT/GUARDIAN ADDRESS

FULL NAME	
CITY/REGION	
DISTRICT	
PHONE NUMBER	
E-MAIL ADDRESS	

SECTION 2: ACADEMIC RECORDS

LEVEL OF EDUCATION	O-LEVEL <input type="checkbox"/>	NTA LEVEL 4 <input type="checkbox"/>	NTA LEVEL 5 <input type="checkbox"/>
PRIMARY SCHOOL NAME			
FORM 4 INDEX NUMBER			
FORM 4 SCHOOL NAME			
COLLEGE NAME			
NTA LEVEL 4 REG NUMBER		YEAR	
NTA LEVEL 5 REG NUMBER		YEAR	

SECTION 3: SELECTION OF COURSE

Course	Entry Qualification	Choice (✓)
1. Certificate in Nursing and Midwifery (2 years)	Biology "D", Chemistry "D", Physics "D", plus any One (1) "D" from any subject	
2. Ordinary Diploma in Nursing and Midwifery (3 Years)	Biology "D", Chemistry "D", Physics "D", plus any One (1) "D" from any subject or NTA Level 5	
3. Ordinary Diploma in Nursing and Midwifery (1 Year)	NTA Level 5 in Nursing and Midwifery or Public Health	

SECTION 4: APPLICATION PROCESS

Note: Application Fee (Application is 20,000/= only and is non-refundable)

- After signing, send the **Application Form** and attach **Birth certificate** and **Examination results** through e-mail address (herinursingschool@gmail.com) copy to nashonkajoro1@gmail.com
Or send Signed form through *WhatsApp (Admission officer 0758 047 927)*
- For **In Service applicants**, attach **NTA level 5 Certificates** and **transcript**.

Payment is made through M-PESA number **0758-047-927** NAME **NASHON KAJORO** (keep the reference number from M-PESA)

Note:

Make sure you pay before sending this form, Applicant who do not pay will not be considered for selection

SECTION 5: OTHER INFORMATION

Where did you hear about HERI NURSING SCHOOL: _____

Who directed you about HERI NURSING SCHOOL: _____ Phone _____

SECTION 6: APPLICANT DECLARATION

I _____ declare that the information I have provided in this form is true, and I understand that presentation of wrong Information will lead to my disqualification and legal action against me.

Applicant's signature _____

Date _____