



**MWANZA COLLEGE OF HEALTH AND ALLIED SCIENCES
(MWACHAS) SCHOOL OF ANESTHESIA
APPLICATION FOR ONE YEAR CERTIFICATE COURSE IN
ANESTHESIA
ACADEMIC YEAR SEPTEMBER 2024 / AUGUST 2025.**



We are happy to invite applications to study Anesthesia at MWACHAS-Bugando school of Anesthesia. Please fill in the spaces provided in the forms and submit your application to Bugando school of Anesthesia using either of the options below. The application is open from 1st July 2024 and the **deadline** for application is August 20th 2024.

PART ONE: DETAILS OF APPLICATION

APPLICATION PROCESS:

Can be done through any of the following:

Application form well filled in and returned personally OR;

Delivered by post mail: address

HEAD,
MWACHAS-BUGANDO SCHOOL OF ANESTHESIA
P.O BOX 1370,
MWANZA.

OR;

By email: bugandoschoolofanesthesia@gmail.com

When applying please indicate your correct email address and current phone number.

REQUIREMENTS / ELIGIBILITY:

(a) Applicant must be a nurse or clinical officer. We do not receive applicants fresh from secondary school or professions other than the two mentioned above.

(b) Must attach all verified copies of secondary education and professional training-nursing or clinical medicine.

(c) A Medical Certificate stating that you are fit to undertake this course (attached at the end).

(d) Two (2) recent passport-size photos of yourself with blue background.

(e) Photocopies of your relevant certificates including Internship certificate and registration certificate with Medical Council of Tanganyika.

(f) A recommendation letter from your employer is an added advantage

(g) For FOREIGNER NURSES, you must be cleared by Tanzania Nursing and Midwifery Council

APPLICATION FEE:

After abiding to above regulations, attach original copy of non-refundable application fee of Tsh. 25,000/= paid through the following bank account:

BMC VYUO COST SHARING

A/C NUMBER 01J1054747600 CRDB BUGANDO BRANCH.

Applicants who do not pay application fee will not be considered for selection!

PART TWO: OTHER DETAILS:

1. FEES, RESIDENCE AND OTHER EXPENSES

FEE STRUCTURE ONE YEAR TRAINING IN ANESTHESIA 2024-2025.

FEE STRUCTURE

S#	PAYMENT/ITEM	PAYABLE TO	AMOUNT
1	STUDENT ID	TO THE COLLEGE	20,000/=
2	CASE LOG BOOK	TO THE COLLEGE	20,000/=
3	TUITION FEE	TO THE COLLEGE	1,100,000/=
4	CAUTION MONEY	TO THE COLLEGE	50,000/=
5	EXAMINATION FEE	TO THE COLLEGE	150,000/=
6	FIELD SUPERVISION	TO THE COLLEGE	150,000/=
7	CERTIFICATE	TO THE COLLEGE	20,000/=
8	STUDENT UNION & SPORTS	TO THE COLLEGE	15,000/=
TOTAL			1,525,000/=
TOTAL COST OF FOR ONE STUDENT PER YEAR			1,525,000/=

STUDENT EXPENSES

S#	PAYMENT/ITEM	PAYABLE TO	AMOUNT
1	STIPEND	STUDENT	3,600,000/=
2	ACCOMMODATION	STUDENT	600,000/=
3	BOOKS ALLOWANCE	STUDENT	200,000/=
4	FIELD ALLOWANCE	STUDENT	150,000/=
5	MEDICAL INSURANCE	STUDENT	50,400/=
TOTAL			4,600,400/=
TOTAL COST OF FOR ONE STUDENT PER YEAR			4,600,400/=

Money directly payable to the college should be paid through:

BMC VYUO COST SHARING

A/C NUMBER 01J1054747600 CRDB BUGANDO BRANCH.

2. PERSONAL DETAILS:

Your name: [FIRST

NAME] _____ [MIDDLENAME] _____ [SURNAME] _____

Male/Female [M/F] ADDRESS _____ CITY _____

Mobile phone: _____

Email: _____

Work station: _____ (hospital)

Date of birth:[DD/MM/YY] ____ / ____ / ____ Place of birth _____ Nationality _____

Passport #: _____

For Emergencies:

NAME: _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ PHONE: _____

EMAIL: _____

3. ACADEMIC DATA

ALL SEC.SCHOOOLS ATTENDED	LOCATION	DATE: FROM (MO/YR)	TO (MONTH AND YEAR)	CERTIF.INDEX NO
ALL COLLEGES/SCHOOLS	LOCATION	DATES: FROM	TO	DIPL/CERT.EARNED

Total number of years of schooling: _____ years and _____ months [From secondary school].

4. LANGUAGE FLUENCY [Please put a tick for each language]

LANGUAGE	SPOKEN			WRITTEN		
	FAIR	GOOD	VERY GOOD	FAIR	GOOD	VERY GOOD

5. Names and addresses (email and phone numbers) of two referees who know your ability as a student and can assess your competence in written and spoken English.

a) _____ Email: _____

Phone: _____

b) _____ Email: _____

Phone: _____

6. SIGNATURE AND DATE

I certify that to the best of my knowledge the information I have given above is correct.

(Date) (Signed)

7. SPONSORSHIP.

The Sponsor should indicate here that the candidate will receive financial support for the years he or she will spend at MWACHAS college.

NAME OF SPONSOR _____

P.O. BOX CITY OR TOWN _____ TEL/MOBILE: _____

BUSINESS OR ACTIVITY _____

FAX/E-MAIL _____

I myself,

I confirm that my organization will give full financial support to _____ during the period of his/her education at Bugando school of Anesthesia, if he/she is accepted.

(date) _____ (Signed) _____

Official stamp or seal

FOR OFFICIAL USE ONLY

PLEASE ENCLOSE PHOTOCOPIES OF ALL TRANSCRIPTS

YOU ARE MOST WELCOME.

By: HEAD BUGANDO SCHOOL OF ANESTHESIA

MEDICAL CERTIFICATE

SURNAME..... OTHER NAMES.....

AGE.....SEX

MARITAL STATUSCITIZENSHIP.....

PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No.

Dysentery_____ Kidney or urinary disease_____

Epilepsy_____ Psychosis _____

Pneumonia _____ Sickle cell disease_____

Allergic disorder_____ (mention allergen)_____

Gastric or duodenal Ulcer_____ Jaundice _____

Varicose Veins_____ Diabetes_____

Deformity_____ Eye disorder _____

Skin disease^[SEP]_____ Gynecological disorder _____

Major trauma _____ Tuberculosis^[SEP]_____

Pleurisy^[SEP]_____ Rheumatic Fever_____

Heart Disease^[SEP]_____ Recurrent indigestion _____

Ear , Nose or Throat disorder _____ Chronic Anemia^[SEP]_____

Malaria_____ Major or minor operations _____

Any other serious disorder _____ History of TB contact_____

PHYSICAL EXAMINATION

Height:_____ cm Weight: _____ kg. HEENT:_____

Ears(Any discharge):_____ Nose:_____

Cardiovascular: BP _____ mmHg HR _____ Regular Any

murmurs:_____

Respiratory: Wheezing:_____ Breath sounds:_____ RR_____

Abdomen:_____ Hernia:_____ Masses _____ Liver _____

_____ Kidneys _____ Spleen _____

LABORATORY RESULTS

Urinalysis: Sugar _____ Bilharzia _____ Albumin _____

Stool: Worms _____

Blood: Blood Group: _____ FBP-Hb _____ g/dL

Neutrophils _____ Eusinophils _____ Bisophils _____ Lymphocytes _____

Monocytes _____ ESR _____ Platelets _____

Chest Xray: (If Indicates) _____ ECG _____

ECHO _____

CONCLUSION

I have examined Mr/Mrs/Miss/Sr/Br/Fr/Dr _____ and considered that she/he is / not physically and mentally fit to be admitted for further studies.

Name

Signature

Date

Title

Qualifications

Address/Institution

Official stamp [of hospital]