



INSERT YOUR
PASSPORT SIZE
PHOTOGRAPH

HERE

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
SCHOOL OF MEDICINE
DEPARTMENT OF RADIOLOGY AND IMAGING**

**APPLICATION FORM FOR THE SHORT COURSE TRAINING ON PALLIATIVE CARE FOR
HEALTH AND SOCIAL WELFARE PROFESSIONALS FROM 21ST SEPTEMBER TO 02ND
OCTOBER 2020)**

*(Please read carefully the advertisement and instructions before filling this form.
Deadline for receiving application is 05TH SEPTEMBER 2020)*

1.0 PERSONAL PARTICULARS

- 1.1 FULL NAME
- 1.2 SEX: MALE [], FEMALE []
- 1.3 DATE OF BIRTH:.....
- 1.4 PLACE OF BIRTH:
COUNTRY REGION DISTRICT.....
- 1.5 PLACE OF RESIDENCE:
COUNTRY REGION DISTRICT
- 1.6 RELIGION:
- 1.7 MARRITAL STATUS (Tick appropriately):
1.7.1 Married
1.7.2 Not Married
- 1.8 POSTAL ADDRESS:
- 1.9 PHONE NUMBER:
- 2.0 EMAIL ADDRESS.....

3.0 EDUCATION (Tick):

Diploma in Nursing/Midwifery [] Diploma in Clinical Medicine [] Degree of Doctor of Medicine (MD) [] Degree of Pharmacy [] Others [].....

4.0 OCCUPATION (Tick Appropriately)

- 4.1 Nurses []
- 4.2 Clinical Officers []
- 4.3 Medical Doctors []
- 4.4 Pharmacists []
- 4.5 Pharmacy tech/assistants []
- 4.6 Social Workers []
- 4.7 Other (Mention.....) []

5.0 COURSE FEE: WHO WILL PAY FOR THE FEES OF THIS COURSE?

5.1 Self-sponsored []

5.2 Relative []

5.3 Employer []

5.4 Other (Mention.....) []

Details about the sponsorship

6.0 Write half a page(1/2) personal statement describing why you want to undertake the training in Palliative Care

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7.0 Please briefly describe how you see your future development in Palliative Care (Immediate and long term)

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8.0 Please briefly describe how you plan to share your knowledge and skills in Palliative Care.

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9.0 DECLARATION

I hereby declare that the above information provided are true and correct to the best of my knowledge.

Signature..... Date