



**SCHOOL OF PUBLIC HEALTH AND SOCIAL SCIENCES
DEPARTMENT OF BIOETHICS AND HEALTH PROFESSIONALISM**



**APPLICATION FORM FOR PARTICIPATION IN RESEARCH ETHICS ONLINE
COURSE**

A. PERSONAL INFORMATION.

1. Name :.....
2. Sex (M or F):
3. Year of Birth (YYYY):
4. Employment Status (Public University, Private University, Industry/Company, R&D institution):.....
5. Current Address Postal.....
E-mail..... Tel/Mobile.....
6. Place currently employed:
7. Place currently working:
8. Highest degree held (Bachelor, Master, PhD etc):.....
9. Current professional rank (Tutorial Assistant, Assistant Lecturer,Lecturer,):.....
10. Kindly CIRCLE only ONE that best describe you among the following.
 - a) Academic Supervisor;

In collaboration with SIDA



- b). Academic Mentor/advisor (University);
- c). Undergraduate student;
- d). Postgraduate student;
- e). Junior staff;
- f). Mentor (Industry/employee);
- g) Researcher (company/owner)
- h) Others (please specify).....

B. YOUR VIEWS ABOUT THE COURSE

- i. Which training dates do you opt to attend.....

- ii. What motivates you to apply for the course
.....
.....

- iii. What current research/innovation activity are you engaged in
.....
.....
.....

C. COURSE FEE:

Who will pay the fees for this course? Tick appropriately

- a. Yourself
- b. Relative
- C. Sponsor

Give Address and attach your CV:

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Note

The cost for this course is **Tshs 300,000 for Tanzanian citizens and USD 170 for non-Tanzanian citizens.** The cost covers tuition fees, Course material and Certificate. The fee should be deposited at NMB Muhimbili Branch, Control Number; **991540040687**, Account Number 2091100002 not later than **10th September** Foreign currency can be deposited using Swift Code system. Muhimbili University of Health and Allied Sciences, NBC Samora Branch, Bank Account Number 012105003582, SWIFT NO. SAMORA BRANCH NLCBTZTXXXXX

DECLARATION

I DECLARE THAT THE INFORMATION GIVEN IN THIS FORM IS CORRECT

APPLICANT SIGNATURE:.....DATE:.....

FOR OFFICIAL USE ONLY

THIS APPLICATION FORM HAS BEEN RECEIVED AT THE DEPARTMENT OF BIOETHICS AND HEALTH PROFESSIONALISM, MUHAS

NAME OF OFFICER.....SIGNATURE.....DATE.....

DECISION BY THE DEPARTMENT:.....