



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 27<sup>TH</sup> APRIL TO 08<sup>TH</sup> MAY 2021)**

*(Please read carefully the advertisement and instructions before filling this form.  
Deadline for receiving application is 17<sup>TH</sup> APRIL 2021)*

**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 .....