APPLICATION FORM

INSTRUCTIONS

1. This application must be accompanied by certified photocopies of certificates and academic transcripts written in English. Where financial support is from a donor, written confirmation from the donor is required.
2. Applicants should be proficient in written and spoken English.
3. This form should be complete using BLOCK LETTERS.
4. Students applying for modules only should complete a separate application form for each module.
5. All enquiries and completed application forms should be sent to:
The Rector,
College of African Wildlife Management, Mweka,
P.O. Box 3031, Moshi, Tanzania
Attn: Chief Admissions Officer,
Telephone: +255 (0) 27 2756451, +255(0)27 2756422, +255(0)27 2756435
Fax: +255 (0) 27 27 56 414
Email: mweka@mwekawildlife.org

NOTE:
For Bachelor Degree: **US$20 or TSH 30,000 for the form**
For Other Levels: **US$ 10 or TSH 15,000 for the form**

PART A: PERSONAL DETAILS
(Part A to D to be filled in by the applicant)

1. SURNAME (OR FAMILY NAME)........................................................................................................
2. OTHER NAMES .....................................................................................................................................
3. DATE OF BIRTH....................................................................................................................................
4. SEX ......................................................................................................................................................
5. NATIONALITY ....................................................................................................................................... 
6. POSTAL MAILING ADDRESS ................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
7. TEL NO .................... 9. FAX NO.................... ... 10. EMAIL................................................
8. COURSE PROGRAMME/MODULE FOR ADMISSION IS BEING SOUGHT: ........................................
........................................................................................................................................................................
........................................................................................................................................................................
9. START DATE OF COURSE PROGRAMME/ MODULE .... ......................................................................
........................................................................................................................................................................
10. WHERE DID YOU GET THE INFORMATION ABOUT THIS COLLEGE?

PART B: ACADEMIC QUALIFICATIONS
(Provide/attach details of schools and colleges attended, dates and qualifications received starting with the most recent)

<table>
<thead>
<tr>
<th>DATE</th>
<th>INSTITUTIONS</th>
<th>QUALIFICATIONS AND GRADE</th>
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PART C: PROFESSIONAL EXPERIENCE
(Provide details of your employment and professional experience giving dates, organisations and positions undertaken starting with the most recent)

<table>
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<tr>
<th>DATE</th>
<th>ORGANISATION/EMPLOYER</th>
<th>POSITION</th>
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PART D: DECLARATION
I ........................................... (Name) certify that the above information given by me is correct and I wish to apply for admission as a student at the College Of African Wildlife Management, Mweka.

(Signature) ........................................... (Date) ...........................................

PART E: RECOMMENDATION AND FINANCIAL SUPPORT (To be filled by the Employer or Sponsor)
The ............................................................. (Name of Employer or Sponsor) hereby approves and recommends the candidate named in PART A of this application for the course applied for. Financial for training will be met by:

(Name and address of Employer or Sponsor)
NAME ..............................................................
ADDRESS ................................................................
...........................................................................
SIGNATURE ............................................................
DESIGNATION .....................................................
OFFICIAL STAMP ............................................. DATE ..........................
MEDICAL EXAMINATION FORM

NOTES

The candidate is likely to undergo prolonged physical exertion at high temperatures in remote areas. He/she must be capable of walking considerably distances and must have full use of both legs, arms and hands all fingers.

INSTRUCTIONS

1. The medical Examiner must be a duly registered Medical Practitioner.
2. This form should be completed using BLOCK LETTERS.
3. This form, once completed, should be sealed by the Medical Examiner separately from the Application Form

PART A: PERSONAL DETAILS (to be completed by the applicant)

1. SURNAME OR FAMILY NAME). .................................................................
2. OTHER NAMES. ................................................................................................
3. SEX. ..............................................................................................................
4. DATE OF BIRTH ..............................................................................................
5. NATIONALITY ...................................................................................................
6. MAILING ADDRESS ..........................................................................................

PART B: DECLARATION (to be completed by the applicant in presence of the Medical examiner)

I certify that I am not to my knowledge, suffering from any physical disability of which I have informed the Medical Examiner and that the statements made and information given by the Medical Examiner are correct

(Applicant’s Signature)………………………………………… (Date)……………………

PART C: MEDICAL EXAMINATION FORM (to be completed by the Medical examiner)

1. Body weight. ........................................... Height............................................
2. Blood Analysis.
   Total WBC…………………./mm³       LYMPHOCYTES…………………%
   NEUTROPHIL…………………%       EUSINOPHIL…………………%
   MONOCYETES…………………%       E.S.R. ………………..mm/hr
3. CARDIOVASCULAR SYSTEM

Pulse Rate. ........................../Min.  Rhythm. ............................

BP. ........................................mm/Hg

4. RESPIRATORY SYSTEM

X-Ray

5. ABDOMEN

Spleen. ......................... Liver. ............................  Kidney. .........................

6. NEUROUS SYSTEM

Any Mental Disorders YES/NO

7. EYES

Normal  YES/NO

Visual. Acuity left Eye......................... Right Eye..............................

8. EARS

Normal  YES / NO

Any Discharge  YES / NO

9. URINE ANALYSIS

Urine Sed. ..............................

Urine Proteine. ..............................

10. STOOL ANALYSIS

Stool for ova  YES / NO

11. PHYSICAL DISABILITIES (given details). ..............................

.................................................................

.................................................................

NAME: ..........................................................

SIGNATURE: ..................................................

DESIGNATION: ..................................................

OFFICIAL STAMP:.........................  DATE: .................................
BANK ACCOUNTS’ DETAILS

Please use the following Accounts:

<table>
<thead>
<tr>
<th>Tanzania Bank Account Details: (US$ Account)</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of account</strong>: College of African Wildlife Management</td>
<td><strong>Name of Account</strong>: College of African Wildlife Management</td>
</tr>
<tr>
<td><strong>Account Number</strong>: 0171 0500 2480</td>
<td><strong>Account Number</strong>: 01J1039905500</td>
</tr>
<tr>
<td><strong>Banker</strong>: NBC Ltd – Moshi, Branch</td>
<td><strong>Banker</strong>: CRDB Ltd Moshi Branch</td>
</tr>
<tr>
<td><strong>Banker’s address</strong>: P.O. Box 3030, Moshi, TANZANIA</td>
<td>(For payments made in equivalent Tanzanian Shillings)</td>
</tr>
<tr>
<td><strong>SWIFT code or</strong>: NLCBTZTX NLCBTZTXXXX</td>
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</tbody>
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