



ELIJERRY TRAINING CENTER (ETC)

P. O. Box 4, Muheza

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JOINING INSTRUCTION FOR ACADEMIC YEAR 2018/2019 ADMISSION TO CLINICAL MEDICINE, NURSING, AND COMMUNITY HEALTH

ELIJERRY Training Centre is a private Health Training Institution FULLY registered by the National Council for Technical Education (NACTE) with Registration number REG/HAS/173

The college offers the following programs

PROGRAM	DURATION
1. Technician Certificate in Clinical Medicine	2 years
2. Ordinary Diploma in Clinical Medicine	3 years
3. Technician Certificate in Nursing & Midwifery	2 years
4. Ordinary Diploma in Nursing & Midwifery	3 years
5. Basic Technician Certificate in Community Health	1 year

1. BASIC REQUIREMENTS FOR SPECIFIC COURSES

NOTE:

All students Uniforms are provided at the college for the cost specified. You are required to pay and obtain your uniforms at the College and not otherwise **EXCEPT** for clinical medicine who come with their uniforms but they get the clinical coats at the college.

A. CERTIFICATE AND DIPLOMA IN CLINICAL MEDICINE

- 1 Blood pressure machine, 1 Stethoscope, 1 Thermometer, 1 Examination torch, 1 Tape measure, Boxes of Clean Gloves and Black Shoes. Open shoes/sandals and canvas shoes are not allowed in classes or in practical areas.

B. CERTIFICATE AND DIPLOMA IN NURSING AND MIDWIFERY

- 1 Blood pressure machine, 1 Stethoscope, 1 Thermometer, 1 Examination torch, 1 Tape measure, Clean Gloves, Black Shoes and plastic pron. Open shoes/sandals and canvas shoes are not allowed in classes or in practical areas.

C. CERTIFICATE IN COMMUNITY HEALTH

- 1 Blood pressure machine, 1 Stethoscope, 1 Thermometer, 1 Examination torch, 1 Tape measure, Black Shoes (Open shoes/sandals and canvas shoes are not allowed in classes or in practical areas)

2. GENERAL REQUIREMENTS FOR ALL PROGRAMES

All Students are required to report at ELIJERRY TRAINING CENTRE admission office on 24th September 2018 before 4.00 O'clock with the following:-

1. Admission letter to ELIJERRY
2. Dully filled form of Medical Examination
3. Original O-Level Certificate of Secondary School Education
4. Birth certificate/Affidavit
5. Identity cards if any, Travel Passports and residential permits for foreigners
6. Four recent colored passport size
7. Two reams of photocopy papers A4 size
8. Bank Pay-in-Slip for Fees and other charges paid

NB: Students who arrive after 4.00 Pm are advised to report in the next day

3. HOSTEL REQUIREMENTS

1 blanket, 4 bed sheets (blue colour), 1 pillow + 2 pillow cases (Blue), 1 mosquito net (white round), 1 plastic bucket, 1 Towel, Open shoes/sandals and canvas shoes for casual stay. All other dresses after classes MUST be of good manner.

4. SCHOOL FEES AND OTHER CHARGES

The school fees and other charges for academic year 2018/2019 programs are as shown in the following table:-

4.1. SCHOOL FEES

S/NO	ITEM	PROGRAM	LOCAL STUDENTS TSHS	FOREIGNERS USD
I	TUITION FEES	• CLINICAL MEDICINE	1,500,000/=	900.00
		• NURSING AND MIDWIFERY	1,500,000/=	900.00
		• COMMUNITY HEALTH	1,400,000/=	800.00
II	ACCOMMODATION		300,000/=	180.00
III	STATIONARIES		30,000/=	22.00

4.2. OTHER CHARGES/COSTS

S/NO	ITEM	LOCAL STUDENTS TZS	FOREIGNERS USD	FREQUENCY
1	Identity Card	15,000/=	15.00	Once
2	Students Union	10,000/=	10.00	Every Year
3	Registration	40,000/=	25.00	Once
4	Local Examination	150,000/=	90.00	Every Year
5	Field Attachment	200,000/=	120.00	Once
6	Field visit	20,000/=	20.00	Once
7	Reference book Contribution	40,000/=	25.00	Every Year
8	Practical Procedure book and Practicum guide	40,000/=	25.00	Every Year
9	Caution Money	20,000/=	20.00	Once
10	Graduation Contribution	10,000/=	20.00	Every Year
11	Sports and Games	20,000/=	20.00	Every Year
12	Uniforms (one pair)	55,000/=	35.00	Once
TOTAL		620,000/=	425.00	

NB: School fees and other charges may be changed at any time without prior notice when necessary

5. PAYMENT SCHEDULE FOR SCHOOL FEES AND OTHER CHARGES

Fees should be paid in **FULL** at the beginning of each academic year **OR in FOUR INSTALLMENTS** as shown in the table below. Foreign and sponsored students should pay in two installments

INSTALLMENT (4)	DUE DATE	COST PER PROGRAM IN TZS		
		CLINICAL MEDICINE	NURSING	COMMUNITY HEALTH
First	On reporting day	900,000/=	900,000/=	900,000/=
Second	1 st week of January	600,000/=	600,000/=	600,000/=
Third	1 st week of April	500,000/=	500,000/=	500,000/=
Fourth	1 st week of July	450,000/=	450,000/=	350,000/=
TOTAL		2,450,000/=	2,450,000/=	2,350,000/=

NOTE:

- Fees once paid will **NOT** be refunded.
- Payment by cheque, Money Orders (MO) etc is accepted prior to clearance by the bank.
- Payment by M-Pesa, Tigo Pesa, and Airtel Money e.t.c is **STRICTLY NOT ACCEPTED**.
- School fees must be paid through the **NMB Bank “ELIJERRY TRAINING CENTRE ACCOUNT NO: 41910009029” OR CRDB Bank “ELIJERRY TRAINING CENTRE ACCOUNT NO: 0150229627100”**

- The bank original pay-in-slip should be submitted to the college accountant or cashier for receipt/acknowledgement.
- We strongly advise parents/guardians to pay through bank accounts and give their students a pay in slip

6. MEALS

The institution is running Catering services at a reasonable cost. Parents/Guardian/Sponsor have to pay direct to the college Catering Officer an average of TZS 2,700/= per day (81,000/= per month) to cover breakfast, lunch and supper. This should be constantly paid according to set agreement at the beginning to avoid unnecessary disturbances.

NOTE:

1. MoHCDGEC EXAMINATION COST

Each Student is supposed to pay a total of TZS 150,000/= direct to the Ministry of Health through NMB account named **APPLICATION AND EXAMINATION FEES** number **20110007946** and submit original pay-in-slip to the institution accountant every academic year

2. QUALITY ASSURANCE

Student must pay TZS 15,000/= direct to the NACTE as quality assurance fees through CRDB Bank account name “**NATIONAL COUNCIL FOR TECHNICAL EDUCATION**” number **0150096091004** and Submit original pay-in-slip to the cashier every academic year.

3. NATIONAL HEALTH INSURANCE FUND

Students who possess national health insurance fund (NHIF) cards have to bring their cards and use them. Those who are not members of any Health Insurance Fund have to pay TZS 65,000/= every year in order to get the cards.

FIELD PRACTICE

4. Each parent/guardian/sponsor is supposed to provide a minimum of TZS 50,000/= to the student as subsistence allowance during field work practice

5. SUPPLEMENTARY EXAMINATION COSTS

5.1. Internal

A student who supplement Continuous Assessment Tests (CATs) will contribute a total of TZS 30,000/= examination preparation cost to the school.

5.2. External

A student who fail end of semester II examination will have to pay a total of TZS 150,000/= for internal examination preparation cost.

- 5.3. A student who repeat a semester will have to pay 50% percent of the annual school fees

E. CHIGUA - DIRECTOR

MEDICAL CERTIFICATE

Dear Doctor,

Please examine Mr./Ms

Who has been selected to join a.....Program. Please certify whether he/she is physically and mentally fit to undergo the programme. Specify if any chronic health problem is identified or any handicap which need special attention without hindrance of any critical information.

ELIZABETH CHIGUA
DIRECTOR

DOCTORS MEDICAL REPORT

I certify that I have examined Mr. /Ms.....and found him/her FIT/UNFIT for the programme as stipulated. I found that the applicant suffers from/is handicapped by.....
..... and she/he IS/NOT fit to undergo the stipulated course.

Name.....

Qualification.....

Signature.....

Address.....

Date.....

Hospital Official Stamp

FINANCIAL GUARANTEE FORM
(TO BE FILLED BY THE PAYER/ SPONSOR)

NAME OF THE STUDENT.....

COURSE ADMITTED FOR

I, THE UNDERSIGN, here by guarantee to Eljerry Training Centre that, I will meet the cost requirements as specified

I will also accept additional cost sharing which could arise in between the programme.

However I will accept any decision from the Eljerry Training Centre following failure to meet the cost requirement.

NOTE:

No refund of money in case of school dropout, discontinued or any problems which will make student to leave the institute

SIGNATURE OF GURANTOR.....

FULL NAME OF GURANTOR.....

FULL ADDRESS OF GURANTOR.....

MOBILE PHONE NUMBER.....

EMAIL ADDRESS.....

RELATIONSHIP TO APPLICANT (if any)

DATED THIS

OFFICIAL STAMP IF ANY

DECLARATION FORM

Dear Sir/Madam

I.....declare that on accepting to be admitted forprogram at Elijerry training center, I will follow the rules and regulations of the school at school, practicum site, and community setting.

SIGNED**DATE**.....

FULL NAME

ADDRESS

.....

MOBILE PHONE NUMBER

STUDENT'S BIO-DEMOGRAPHIC INFORMATION

Student's First Name

Second and Third Name.....

Addresses: P.O. Box.....**District**.....

Region

Date of Birth: Date..... Month..... Year.....

Sex: Male Female

Marital Status: married single..... widow divorced.....

Next of Kin: Name

Address: Box.....District.....Region.....

Mobile Phone Number.....

Email Address

Sponsors/Parents/Guardian: Name.....

Address: Box.....District.....Region.....

Mobile Phone Number.....

Emergency Contact names and phone number

1: NameAddress.....

 Mobile Phone Number.....

2: NameAddress.....

 Mobile Phone Number.....