You are welcome to apply to study Anesthesia at our Bugando school of Anesthesia. Please fill in the spaces provided and submit your application to Bugando school of Anesthesia using either of the options below. The application is open from 21ST October 2019 and the deadline for application is December 30TH, 2019.

**PART ONE: DETAILS OF APPLICATION**

**APPLICATION PROCESS:**
Can be done through any of the following:

- Application form delivered personally or
- Delivered by post mail: address

PRINCIPAL,
BUGANDO SCHOOL OF ANESTHESIA
P.O BOX 1370,
MWANZA.

- By email: drkenemo@gmail.com

When applying please indicate your correct email address and current phone number.

**REQUIREMENTS/Criteria to Join:**
(a) Applicant must be a nurse or clinical officer. We do not receive fresh from secondary school or professions other than the two mentioned.
(b) Must attach all verified copies of secondary education and professional training-nursing or clinical medicine.
(c) A Medical Certificate stating that you are fit to follow this course (Form attached)
(d) Two (2) passport-size photos of yourself.
(e) Photocopies of your relevant certificates including Internship certificate and registration certificate with Medical Council of Tanganyika.
(f) A recommendation letter from your employer is an added advantage.

**APPLICATION FEE:**
After abiding to above regulations, attach original copy of non refundable application fee of Tsh. 20,000/= paid through the following bank account:

**BMC VYUO COST SHARING**
A/C NUMBER 01J1054747600 CRDB BUGANDO BRANCH.
 Applicants who do not pay application fee will not be considered for selection!
PART TWO: OTHER DETAILS:

1. FEES, RESIDENCE AND OTHER EXPENSES

**FEE STRUCTURE ONE YEAR TRAINING IN ANESTHESIA JANUARY TO DECEMBER 2020.**

<table>
<thead>
<tr>
<th>S#</th>
<th>PAYMENT/ITEM</th>
<th>PAYABLE TO</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CASE LOG BOOK</td>
<td>TO THE COLLEGE</td>
<td>20,000/=</td>
</tr>
<tr>
<td>2</td>
<td>TUITION FEE</td>
<td>TO THE COLLEGE</td>
<td>850,000/=</td>
</tr>
<tr>
<td>3</td>
<td>CAUTION MONEY</td>
<td>TO THE COLLEGE</td>
<td>20,000/=</td>
</tr>
<tr>
<td>4</td>
<td>EXAMINATION FEE</td>
<td>TO THE COLLEGE</td>
<td>100,000/=</td>
</tr>
<tr>
<td>5</td>
<td>CASE REPORT</td>
<td>TO THE COLLEGE</td>
<td>100,000/=</td>
</tr>
<tr>
<td>6</td>
<td>FIELD SUPERVISION</td>
<td>TO THE COLLEGE</td>
<td>50,000/=</td>
</tr>
<tr>
<td>7</td>
<td>CERTIFICATE</td>
<td>TO THE COLLEGE</td>
<td>15,000/=</td>
</tr>
<tr>
<td>8</td>
<td>STUDENT UNION &amp; SPORTS</td>
<td>TO THE COLLEGE</td>
<td>10,000/=</td>
</tr>
<tr>
<td>9</td>
<td>STIPEND</td>
<td>STUDENT</td>
<td>3,600,000/=</td>
</tr>
<tr>
<td>10</td>
<td>ACCOMMODATION</td>
<td>STUDENT</td>
<td>480,000/=</td>
</tr>
<tr>
<td>11</td>
<td>BOOKS ALLOWANCE</td>
<td>STUDENT</td>
<td>200,000/=</td>
</tr>
<tr>
<td>12</td>
<td>FIELD ALLOWANCE</td>
<td>STUDENT</td>
<td>150,000/=</td>
</tr>
<tr>
<td>13</td>
<td>MEDICAL INSURANCE</td>
<td>STUDENT</td>
<td>50,400/=</td>
</tr>
</tbody>
</table>

**TOTAL**                                                                                       | 5,645,000/=|

1. **TOTAL AMOUNT PAYED DIRECTLY TO THE STUDENT**                                               | 4,480,400/=|

2. **TOTAL AMOUNT PAYED DIRECTLY TO THE COLLEGE**                                               | 1,165,000/=|

**TOTAL COST OF FOR ONE STUDENT PER YEAR**                                                      | 5,645,400/=|

Money directly payable to the college should be paid through:

**BMC VYUO COST SHARING**

A/C NUMBER 01J1054747600   CRDB BUGANDO BRANCH.

2. PERSONAL DETAILS:

Your name: [SURNAME]_________________________[FIRST NAME]________________________[MIDDLE NAME]____________________________

Male/Female [M/F] ADDRESS________________________CITY________________________TELEPHONE____________________________

Email: ________________________________

Date of birth:[DD/MM/YY]_____/_____/______Place of birth________________________Nationality__________________Passport #:_______

For Emergencies:

NAME:________________________________________________________________RELATIONSHIP____________________________

ADDRESS________________________CITY________________PHONE:________________________EMAIL:________________________
3. ACADEMIC DATA

<table>
<thead>
<tr>
<th>ALL SEC.SCHOOLS ATTENDED</th>
<th>LOCATION</th>
<th>DATE: FROM (MO/YR) TO (MONTH AND YEAR)</th>
<th>CERTIF.INDEX NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALL COLLEGES/SCHOOLS</th>
<th>LOCATION</th>
<th>DATES: FROM TO</th>
<th>DIPL/CERT.EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of years of schooling: ___________years and ___________months [From secondary school].

4. LANGUAGE FLUENCY [Please put a tick for each language]

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th>SPOKEN</th>
<th>WRITTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FAIR</td>
<td>GOOD</td>
</tr>
<tr>
<td></td>
<td>FAIR</td>
<td>GOOD</td>
</tr>
</tbody>
</table>

5. Names and addresses (email and phone numbers) of two referees who know your ability as a student and can assess your competence in written and spoken English.

a) ____________________________________________ Email: ___________________________ Phone: ___________________________

b) ____________________________________________ Email: ___________________________ Phone: ___________________________

6. SIGNATURE AND DATE

I certify that to the best of my knowledge the information I have given above is correct.

(Date) ______________________ (Signed) ________________________________

7. SPONSORSHIP.

The Sponsor should indicate here that the candidate will receive financial support for the years he or she will spend at Bugando University College.

NAME OF SPONSOR _______________________________________________________

P.O. BOX CITY OR TOWN ______________________ TEL/MOB: ______________________

BUSINESS OR ACTIVITY ______________________ FAX/E-MAIL ______________________

I myself,

I confirm that my organization will give full financial support to __________________________ during the period of his/her education at Bugando school of Anesthesia, if he/she is accepted.

(date) ______________________ (Signed) ________________________________

Official stamp or seal

-----------------------------------------------

FOR OFFICIAL USE ONLY


PLEASE ENCLOSE PHOTOCOPIES OF ALL TRANSCRIPTS

YOU ARE MOST WELCOME.

By: HEAD BUGANDO SCHOOL OF ANESTHESIA
MEDICAL CERTIFICATE

SURNAME………………………………………… OTHER NAMES………………………… AGE………..SEX ………

MARITAL STATUS ……………………………..CITIZENSHIP………………………………

PERSONAL HISTORY

Is the examinee suffering from any of the following? Indicate Yes or No.

Dysentery_____________ Kidney or urinary disease_____________
Epilepsy_____________ Psychosis ______________
Pneumonia ______________ Sickle cell disease_____________
Allergic disorder_____________________ (mention allergen)_________________
Gastric or duodenal Ulcer_____________ Jaundice ______________
Varicose Veins_____________ Diabetes_____________
Body Deformity_____________ Eye disorder ______________
Skin disease_____________ Gynecological disorder ______________
Major trauma_____________ Tuberculosis ______________
Pleurisy ______________ Rheumatic Fever_____________
Heart Disease_____________ Recurrent indigestion ______________
Ear, Nose or Throat disorder_____________ Chronic Anemia ______________
Malaria_____________ Major or minor operations ______________
Any other serious disorder_____________ History of TB contact ______________
Immunization history:____________________________________________________

PHYSICAL EXAMINATION

Height:_________cm Weight:_______kg. HEENT:_________________

Ears (Any discharge):_________________ Nose:_________________

Cardiovascular: BP__________mmHg HR_______ Regular Any murmurs:_________________

Respiratory: Wheezing:_____________ Breath sounds:_____________ RR_______

Abdomen:_____________ Hernia:_____________ Masses ______________ Liver ______________ Kidneys ______________ Spleen ______________
LABORATORY RESULTS

Urinalysis: Sugar ________ Bilharzia _________ Albumin _________

Stool: Worms _____________

Blood: FBP-Hb _________ g/dL  Blood group __________________________
Neutrophils _____________ Eusinophils __________ Bisophils _________ Lymphocytes _________
Monocytes _______________ ESR ___________ Platelets ______________

Chest Xray: (If Indicated) ______________________ ECG _______________________
ECHO _______________________

CONCLUSION

I have examined Mr/Mrs/Miss/Sr/Br/Dr__________________________ and considered that she/he is / not physically and mentally fit to be admitted for further studies.

Name                   Signature                   Date

Title                  Qualifications                  

Address/Institution    Official stamp [of hospital]