



BESHA COMMUNITY ORGANIZATION
BESHA HEALTH TRAINING INSTITUTE

“For quality Health Training”

P. o. Box 5025, TANGA, TANZANIA.

Mob: +255784527574, 255719150371, 0784473274

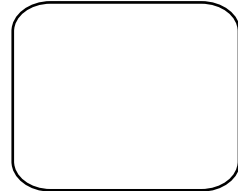
Website: www.bhti.ac.tz

Email: besha.bhti@gmail.com

STUDENTS APPLICATION FORM

VOCATIONAL EDUCATION AND TRAINING CENTRE (VET)

Form Number



*Please provide all necessary information and read the important notice at the end of this form.
Also required to submit certified copy of academic certificate.*

1. APPLICANT DETAILS

****Please write names as they appear in your academic certificates.**

First name:

Surname:.....

Middle name:

Gender:

Date of Birth (year)..... (Month)..... (Day)..... Marital Status

.....

PermanentAddress:.....

Phone number: E-Mail

Occupation:

Name and address of the person to be notified in case of emergency (Next of kin)

Full Name.....

Address.....

Telephone number..... Email address:.....

Relationship:

2. COURSE SELECTION

(Please choose only three courses, starting with your first choice)

LONG COURSES

Level I and level II VET Certificate.....

NO	COURSES	DURATION	TICK v
1	INFORMATION COMMUNICATION AND TECHNOLOGY	2 YEARS	
2	LABORATORY ASSISTANT	2 YEARS	

SHORT COURSES

NO	COURSES	DURATION	TICK v
1	COMPUTER APPLICATION	6 WEEKS	
3	WEBSITE DESIGN	3 MONTHS	
4	VIDEO PRODUCTION	3 MONTHS	
5	CCTV CAMERA INSTALLATION	3 MONTHS	
6	COMPUTER MAINTENANCE	4 MONTHS	
7	GRAPHIC DESIGN	3 MONTHS	

3. TYPE OF SPONSORSHIP

Government Private Company
Organization

Name, address and telephone number of the sponsor

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

4. OTHER INFORMATIONS

Do you have any physical or communication disabilities?

Yes. No.

If yes, please provide details below;

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.....
.....

Have you ever been convicted of a Criminal Offense?

Yes. No.

If yes, please provide details below;

.....
.....

5. EDUCATION BACKGROUND

LEVEL	DURATION From – To	SCHOOL/COLLEGE UNIVERSITY	AWARD RECEIVED
UNIVERSITY	-		
COLLEGE	-		
A – LEVEL	-		
O – LEVEL	-		
PRIMARY	-		

6. WORKING EXPERIENCE

DURATION From – To	ORGANISATION,COMPANY INSTITUTION	POST HELD
-		
-		
-		


IMPORTANT NOTE

- i. Affix your photograph taken within the last 6 months.
- ii. Attach a certified true copy of academic certificates, transcripts and birth certificate.
- iii. The application Form should be sent to your first priority to the address above with a nonrefundable fee of Tsh 10,000 /=-
- iv. If you are an employee pass the application to your employer if possible.
- v. Tuition fees once paid cannot be refunded or transferred under any circumstances

***NOTE; All payment should be paid through Account Number
32040000009 Account Name BESHHA HEALTH TRAINING
INSTITUTE, Bank Name(TANZANIA COMMERCIAL BANK (TCB)***

For more information, contact: mobile phone No. +255 784 527574 or +255 784 473274.

Yours sincerely,



Dr. SAMWEL B. MHANDO
MANAGING DIRECTOR