



COLLEGE OF AFRICAN WILDLIFE MANAGEMENT, MWEKA



APPLICATION FORM

INSTRUCTIONS

1. Application for foreigners must be accompanied by certified photocopies of certificates and academic transcripts written in English.
2. Applicants should be proficient in written and spoken English.
3. This form should be complete using **BLOCK CAPITALS**.
4. All enquires 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,**

Tell: +255 27- 2974129, Fax: +255 27 2974133; Cell: +255 767 977 523 (Chief Admission Officer);
+255 767 995 793 (Admission Secretary) +255 767 400 272 (Public Relations Officer)

Email: admission@mwekawildlife.ac.tz or mweka@mwekawildlife.ac.tz

Facebook: college of african wildlife management – cawm

Twitter: @ Mweka Wildlife Cg

Instagram: Mweka _wildlife College

Website: www.mwekawildlife.ac.tz

An application fee for all courses is Tshs. 10,000 for Tanzanian and USD 15 for non-Tanzanian. Fees should be paid through College bank Account No. 017105002480 at NBC, Swift Code NLCBTZTX for foreign currency payments and Account No. 01J1039905500 at CRDB Bank Ltd Moshi Branch or Account No. 4226600034 at NMB Ltd Mawenzi Branch Moshi, for payments made in equivalent Tanzania Shillings at the time the application forms are collected. Application forms shall not be processed until such fees are paid.

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
- DISTRICT:
- REGION:.....
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, year and qualifications received starting from primary to College.

YEAR	Form IV Index No. Reg No	INSTITUTIONS NAME Primary /Secondary/College	QUALIFICATIONS AND GRADE

PART C: PROFESSIONAL EXPERIENCE

(Provide details of your employment and professional experience giving dates, organisations and positions undertaken starting with the most recent)

YEAR	ORGANISATION/EMPLOYER	POSITION

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: NEXT OF KIN CONTACTS

NAME.....

RELATIONSHIP (Eg. Mother, Father, Sister, Brother etc).....

ADDRESS

REGION.....DISTRICT.....

TEL/MOB.....

EMAIL.....



COLLEGE OF AFRICAN WILDLIFE MANAGEMENT, MWEKA



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...../mm ³	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. NERVOUS 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: