

Africa Inland Church Tanzania



Health Department BISHOP KISULA COLLEGE OF HEALTH AND ALLIED SCIENCES

Mob: 0753- 254686/0752- 022802
Email: aictbkchs@gmail.com

P.O. Box 213
Magu, Mwanza
TANZANIA

Our Ref. BKCHS/ADM/VOLI/5/2017 DATE:

JOINING INSTRUCTIONS FORM

RE:

- (a) Congratulation for being selected to join **BISHOP KISULA COLLEGE OF HEALTH AND ALLIED SCIENCES**, a school which offers an award leading to **Technician Certificate in Nursing and Midwifery** in duration of 2 academic years.
- (b) Academic year will start on 10th April, 2017. Students are required to report from 10th April, 2017.

GENERAL INSTRUCTIONS

1. LOCATION AND TRANSPORT TO BISHOP KISULA COLLEGE OF HEALTH AND ALLIED SCIENCES
In order to arrive at Bishop Kisula college; from Musoma road you have to stop at Lamadi town and then take a road (hire a motor cycle or take a min-bus) to MKULA HOSPITAL, Bishop Kisula college is within the Hospital premises. If you come from Bariadi direction or if you are coming from Mwanza you can take a bus to Bariadi, you will be obliged to stop at Mkula bus stand at Mkula center; from Mkula center it is a walking distance of approximately 800 meters
2. REGISTRASTION
Students are required to register officially at Bishop Kisula College of Health and Allied Sciences. This registration will commence from 18th April, 2017 from 8:00 a.m. to 2:00 p.m. During registration a student will be required to present original certificates or result slips in case the original certificate is not available. Presentation of fake or forged certificates will result into cancellation of the registration of the registration and legal measures may be taken too.

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3. MODE OF FEE PAYMENT

FEE STRUCTURE FOR FIRST YEAR STUDENTS ACADEMIC YEAR 2017/2018

COLLEGE FEE		
SN	ITEM	AMOUNT (in TSH.)
1	TUITION FEE	1,700,000.00
2	COLLEGE INTERNAL EXAMINATIONS FEE	150,000.00
3	LAKE ZONE EXAMINATIONS	100,000.00
4	ACCOMODATION	100,000.00
5	COLLEGE DEVELOPMENT	100,000.00
6	BOOK FEE	50,000.00
7	COMPUTER TRAINING	50,000.00
	SUB – TOTAL (A)	2,250,000.00
DIRECT STUDENT COSTS		
1	TREATMENT (NHIF ID CARD)	50,400.00
2	PRACTICAL EXPERIENCE BOOK	50,000.00
3	UNIFORM	100,000.00
4	STUDENT UNION	10,000.00
5	IDENTITY CARD	10,000.00
6	NACTE QUALITY ASSURANCE FEE	50,000.00
	SUB – TOTAL (B)	270,000.00
	GRAND TOTAL = A + B	2, 520,400.00

All students are required to pay their fee through CRDB BANK: Account Name is AICT BISHOP KISULA COLLEGE. Account Number is 0150335364400. FEE SHALL BE PAID IN TWO INSTALMENTS, 1ST INSTALMENT WILL BE TSH. 1,270,000/= (**this is for the first semester in which you are required to deposit 1,000,000/= into Bishop Kisula college bank account, and pay cash 270,000/= to Accountant at Bishop Kisula College as DIRECT STUDENT COSTS shown in the Fee Structure**), and SECOND INSTALMENT WILL BE TSH. 1,250,400/= (this is for the second semester)
REMEMBER to pay 150,000/= as Health Fund for Nursing Training Department Ministry of Health. Pay it directly to Bank Account Number 20110007946. Bank Name: NMB.

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NB: The college fee stipulated above, **ONCE PAID, BECOMES NON – REFUNDABLE** for any reasons. **The fee structure as shown above is reviewed annually, and may change according to running costs.**

4. ORIENTATION WEEK

The third week of April 2017 is scheduled for orientation of new students. New students should participate fully in the orientation.

5. CLASS ATTENDANCE

Students are required to attend at least 90% of class sessions in order to qualify for the prescribed End of Semester examination of the college.

6. ACCOMODATION

The college provides students Hostels with beds.

7. CLEANING OF ROOMS

The task of sweeping and keeping rooms clean is vested in student`s hands. So you are expected all the time to maintain general cleanliness in and outside of your rooms. You are requested to bring one bucket, one basin, Rake, mfagio mrefu aina ya Chelea.

8. MEAL SERVICES

Food will be served at the Cafeteria hall, this will be served at their own expenses with reasonable prices. **Currently the College DOES NOT provide food for students. STRICTLY NO COOKING IS ALLOWED IN THE HOSTEL/DORMITORY**

9. STUDENTS GOVERNMENT

All students of the college are automatically members of the student organization. Through this organization, students communicate to the college authority matters affecting their welfare

10. HEALTH SERVICES

The college collaborates with Mkula Hospital. The services are provided 24 hours. NHIF members are also equally served at the hospital.

11. DECLARATION REGARDING COMPLIANCE WITH REGULATIONS

All students accepting admission at this college will be required to sign The declaration form which is a binding understanding by students concerned that she/he shall be governed under the BKCHS By- laws regarding General welfare, conduct, discipline

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12. OTHER STUDENT REQUIREMENTS

Students should bring the following requirements on admission date;

SN	REQUIREMENT	QUANTITY
1.	Safari bag	1
2.	Home clothes	5 only
3.	Black & flat leather shoes	2 pairs
4.	Stockings	3 pairs
5.	Mattress cover (size: 2.5 x 6)	1
6.	Pillow	1
7.	Pillow cases	2
8.	Bed sheets	2
9.	Thick Blanket	1
10	Insecticides treated bed net (size: 4 x6) with square form	1
11	Bucket	1
12	Mathematical complete set	1
13	Torch	1
14	Blue pen	10
15	Red pen	5
16	Black pen	10
17	Green pen	5
18	Pencils	10
19	Pencil's Sharpener	2
20	Rubber	2
21	Metric ruler	2
24	4 Quires counter books	5
25	2 Quires counter books	5
26	Medium & small exercise books	8
27	Wrist Watch with second hand	1
28	Clinical Thermometer (analogy and NOT digital)	1
29	Sports shoes	1 pair
30	Sports clothes	1 pair
31	Rim paper (ruled)	1
32	Rim plain paper (A-4)	1
33	Examination (clean) gloves	1 box

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34	Passport size photos (colored & recently taken, stamp size)	8
35	Original & copy of secondary academic certificates	1
36	A filled Medical check-up form	1
37	Passport size photo for parents or guardian or sponsor	2
38	A releasing letter from parent, guardian, or sponsor	1
39	Joining instructions letter given to you by the institution	1
40	School fee original Bank pay in slip receipt	1
41	Original & copy of birth certificate	1
42	Umbrella/Rain coat	1
43	Sphygmomanometer (BP machine)	1
44	Stethoscope	1

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ADMISSION ACKNOWLEDGEMENT

I Acknowledge receipt of the joining instruction and confirm acceptance of a place as the Bishop Kisula College of Health and Allied Sciences. I understand that I will be registered for Technician Certificate in Nursing Program

I confirm that my admission to the college is on the understanding that I will complete the course I have been admitted to unless otherwise by the college I confirm further that during my course of study fee will be paid through; Scholarship award/Private means (Parents/Relatives)

I understand that I shall be required to promise solemnly to seek the truth. To study diligently, to live circumspectly, to obey the Principal of the college and all Tutors and non-teaching staff, to comply with the regulations of the college, and in all things to promise the good of the academic community.

Yours sincerely,

Name: (Capital letters)

Signature:

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Principal`s Note:

All social and financial matters should be settled by students and parents/guardians/sponsors before coming to school in order to avoid interfering school training programs
Parents or guardians or sponsors are ought to communicate matters to the school Principal and not student directly
Thanks for corporation

Signature

Date

Name of College Principal

College Stamp

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MEDICAL CERTIFICATION FOR APPLICANTS FOR TECHNICIAN CERTIFICATE IN NURSING PROGRAMME FOR ACADEMIC YEAR 2017/2018

Dear Doctor,

Please examine Mr/Miss/Ms _____

PERSONAL HISTORY

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

	YES	NO
1. Tuberculosis	()	()
2. Asthma	()	()
3. Allergic disorder	()	()
4. Heart disease	()	()
5. Gastric or Duodenal ulcer	()	()
6. Kidney or Urinary disease	()	()
7. Diabetes	()	()
8. Epilepsy	()	()
9. Deformity	()	()
10. Psychiatric	()	()
11. Eye disorder	()	()
12. Gynecological disorder	()	()

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13. Major or Minor Operations () ()
14. Any other serious disorder () ()

PHYSICAL EXAMINATION

1. Height _____
2. Weight _____
3. Eyes: Conjunctivae _____
4. Pupils _____
Vision Right _____
Left _____
With glasses: Right _____
Left _____
5. Mouth and Throat _____
Nose _____
6. Cardiovascular
Systolic _____
Diastolic _____
Heart: Any Murmur? _____
Arteries & veins _____

LABORATORY

1. Urine: Albumin _____
Sugar _____
Leucocytes _____
2. Blood Examination: Hb level _____
ESR _____
3. Stool: Special emphasis on Hookworm or Bilharzias _____
4. X-ray examination – Chest _____
5. Serology Test: _____
Widal Test _____
VDRL _____
6. Pregnancy Test (F) _____

CONCLUSION

I have examined Mr./Mrs./Miss./Ms _____ and consider that he/she is / not physically and mentally fit to be admitted to the Technician Certificate in Nursing Programs for academic year 2014/2015.

Date: _____

Signature: _____

Name: _____

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Title: _____

Qualification: _____

Address: _____

Health Facility Stamp HERE