

INSTITUTE OF SOCIAL WORK

Telegraphic Address
TAASISI USTAWI
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Website: www.isw.ac.tz



P.O Box 3375
Dar es Salaam
TANZANIA

Date: 24/03/2023

ADMISSION NO. ISW/BTCSW/MARCH2023

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RE: JOINING INSTRUCTIONS FOR BASIC TECHNICIAN CERTIFICATE IN SOCIAL WORK

We are pleased to inform you that you have been selected to join a **ONE YEAR Certificate Basic Technical Certificate in Social Work** at the Institute of Social Work **Kisangara Campus** for 2023/2024 Academic Year. On behalf of the Board of Governors, the Management takes this opportunity to congratulate you for your success. You are required to report to the Institute on the 11th of April, 2023 for orientation and registration.

1. Conditions for Registration

a) Payment of tuition fee

Prospective students are required to pay tuition fee in four installments. To be registered, they should pay full amount of the first installment (see payment schedule in the fee structure attached). Medical insurance (NHIF) is **mandatory**, you are required to either pay the prescribed amount or produce a valid insurance card at registration. Failure to do that, disqualifies the student from registration. **Please note that, fees once paid is nonrefundable.**

b) Mode of Payment

All payment should be done through the Student Information Management System(SIMS). The procedures of Payments are as follows:

- i) Go to the Institute website www.isw.ac.tz and click **Student Information Management System**,
- ii) Log into SIMS by entering your form four index number as **Username** and your surname in CAPITAL LETTERS as **Password**,
- iii) Click the **Payment** button.
- iv) Click Fee Structure button, after selecting your Academic year, program and Class, the Click Preview Invoice button.
- v) Select your mode of payments Control Number where all payment instructions are clearly indicated. Note: Students with a valid health insurance card should not select payment of NHIF to be included in the invoice.

For further assistance, please Call 0677 111 200/0755 509090

c) Registration of prospective students is subject to provision of satisfactory medical report from a recognized or registered medical practitioner. The forms should be brought to the Institute during the orientation period.

d) Original and Photocopies of Certificates

All prospective students are supposed to come with Original Birth Certificates, and 2 photocopies of academic certificates for verification.

e) Passport Size Photographs

All prospective students should bring with them four colored passport size photographs taken recently. These photographs are for registration purposes and student identity cards.

f) Letter of Acceptance

Each prospective student has to sign and return a letter of acceptance on arrival at the Institute.

2. Adherence to Institute's Rules, Regulations and by-laws

Prospective students are admitted into the Institute on the understanding that, in accepting the admission, they will adhere to its rules, regulations and by-laws as clearly stipulated in the Institute Prospectus (2021/2022/2022/2023). As such, the Institute expects students' behavior both on and off campus to be ethically acceptable.

NOTE: Institute of Social Work students shall always be expected to dress decently.

3. Additional Information

(a) Traveling Arrangements

Your employer/sponsor/parent will be responsible for all your traveling costs to and from the Institute during vacations and no students will be allowed to stay at the Institute during long vacations.

(b) Hostel Accommodation

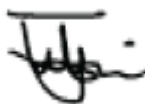
The Institute has limited services within the campus, students are encouraged to make advanced bookings. However, there are private hostel services for students nearby the Institute. The Institute Hostel fee is Tsh. 380,000/- per year.

(c) Meals

The Institute has a cafeteria and all students are encouraged to have their meals in the cafeteria to avoid eating in unhygienic places. Each student is advised to bring enough money for his/her daily meals.

Once again, I welcome you to this Institute and wish you a good stay for the entire duration of your studies.

All the best,



**Dr. Joyce Nyoni
RECTOR**



LETTER OF ACCEPTANCE

I do hereby

(Full Name)

Accept/do not accept the offer given to me to pursue the course applied for at the Institute of Social Work, Dar es Salaam. I shall abide to all term and conditions of the Institute’s Regulations. I also agree the offer of a hostel outside the Institute.

Signature:

Date:

SPONSORSHIP

I

of

do agree to sponsor.....

for the course he/she has (Name of Student) applied for at the Institute of Social Work, Dar es Salaam.

Signature and official Stamp.....

Date:.....

This form must be returned to the Institute of Social Work before the reporting date preferably by September.

Note that no student will be registered without producing a receipt showing that the cost payable to the Institute has been paid.

INSTITUTE OF SOCIAL WORK

MEDICAL EXAMINATION FORM

Telegraphic Address:
 TAASISI USTAWI, Telephone: 27000918/274442,
 Telephone: 27000918/274442, Fax: 2701375, E-info@isw.ac.tz

P.O. Box 3375
 Dar es Salaam

REQUEST FOR MEDICAL EXAMINATION

PART A: TO BE COMPLETED BY THE STUDENT

FULL NAME (IN BLOCK CAPITALS)	SEX <input type="checkbox"/> M <input type="checkbox"/> F		
ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">DATE OF BIRTH</td> <td style="width: 50%; padding: 2px;">NATIONALITY</td> </tr> </table>	DATE OF BIRTH	NATIONALITY
DATE OF BIRTH	NATIONALITY		

FAMILY HISTORY

Have any member of your family had the following illnesses or disorders?	Yes	No
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>

PART B: TO BE COMPLETED BY A MEDICAL DOCTOR/OFFICER

Hospital

Please examine the above named as to his/her fitness for admission as a student at the Institute of Social Work.

Check +Ve or -Ve

	+Ve	-Ve		+Ve	-Ve		+Ve	-Ve		+Ve	-Ve
Frequent sore throats	<input type="checkbox"/>	<input type="checkbox"/>	Heart and blood vessel disease	<input type="checkbox"/>	<input type="checkbox"/>	Urinary disorder	<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer of stomach or duodenum	<input type="checkbox"/>	<input type="checkbox"/>	Kidney trouble	<input type="checkbox"/>	<input type="checkbox"/>	Shortsighted or longsighted	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Gall stones	<input type="checkbox"/>	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	<input type="checkbox"/>	Others (Please specify)		
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Joint problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleurisy	<input type="checkbox"/>	<input type="checkbox"/>	Haemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	Skin disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeated bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>	Sleeplessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Amoebic dysentery	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or mental disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Please comment on findings)

Conclusions (Please state your opinion on the physical and mental fitness)

Name of the examining physician (in block capitals):	Signature: _____
Address:	Date: (d/m/y): _____

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P.O. Box 3375
Kijitonyama
Dar es salaam

INSTITUTE OF SOCIAL WORK FEE STRUCTURE AND PAYMENT SCHEDULE 2023/2024

S/No	Description	Basic Technician Certificate
		NTA Level 4
1	Tuition Fee	794,000
2	Registration	15,000
3	Research/Project supervision	-
4	NACTE Fee	15,000
5	Library Fee	10,000
6	Caution Money	13,000
7	Identity Card	10,000
8	Prospectus	20,000
9	Sports and Games	10,000
10	Student Union	13,000
11	NHIF Card*	50,400
	Total	950,400

PAYMENT SCHEDULE FOR BASIC TECHNICIAN CERTIFICATE PROGRAMS

Payment Date	Basic Technician Certificate
1st Installment	354,900
2nd Installment	198,500
3rd Installment	198,500
4th Installment	198,500
Total	950,400

Issued by:
Chief Accountant
Institute of Social Work