

INSTITUTE OF SOCIAL WORK

Phone: 2700918/2774443
Fax: 2701375
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Website: www.isw.ac.tz



210 Shekilango Road
P.O. Box 3375
14113 Kijitonyama
Dar Es Salaam.

ADMISSION NO. ISW/ODLRPM/2023T

22/06/2023

Name:

RE: JOINING INSTRUCTIONS FOR ORDINARY DIPLOMA IN LABOUR RELATIONS AND PUBLIC MANAGEMENT (TAMISEMI STUDENTS)

We are pleased to inform you that you have been selected to join a **THREE-YEAR Ordinary Diploma in Labour Relations and Public Management** at the Institute of Social Work for the 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 16th October, 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. Note also that students above 18 years old are required to have a National ID number to register successfully with NHIF (This is a MUST HAVE).**

b) Mode of Payment

All payment should be made through the Student Information Management System (SIMS). Ensure you get Control Number for the Government electronic Payment Gateway (GePG). **Don't pay through our help lines below.** The procedures of Payment 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 Admission 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, then Click **Preview Invoice** button
- v) Select your **mode of Payments Control Number** where all payment instructions are clearly indicated. For Further assistance, please **Call our help lines 0677111200/0735509090**

c) Medical Examination

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, they will adhere to its rules, regulations and by-laws as clearly stipulated in the Institute Prospectus (2022/2023 - 2023/2024). As such, the Institute expects students' behavior both on and off campus to be ethically accepted. **NOTE: Institute of Social Work students shall always be expected to dress decently. Shoes allowed as part of the dress must be black covered shoes. Sandals are strictly not allowed within the campus grounds.**

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

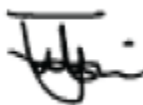
The Institute has limited accommodation services within the campus. Students are encouraged to make booking in advance via hostel application form available on the website. The Institute Hostel fee is Tsh. 380,000/- per year. However, there are private hostel services for students near by the Institute. Range of costs for the private hostels is approximated to be between Tsh 600,000/= and Tshs 720,000/= per year.

(c) Meals

The Institute has a cafeteria. All students are encouraged to have their meals in the cafeteria to avoid eating in unhygienic places. Each student bears his own cost 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.

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.

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

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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	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"/>	Amoebix 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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Attention to : ALL STUDENTS

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

S/No	Description	Masters Degree in Social Work Foundation	Masters Degree in Social Work Advance (1 - Year program)	Masters Degree in Human Resource(2 Years Program)	Post Graduate Diploma (1 - Year program)	Bachelor Degree	Ordinary Diploma	Technician Certificate	Basic Technician Certificate
			NTA Level 9			NTA Level 7-8			
1	Tuition Fee	1,980,000	4,030,000	3,500,000	1,849,000	1,279,000	984,000	984,000	794,000
2	Registration	50,000	50,000	50,000	15,000	15,000	15,000	15,000	15,000
3	Research/Project supervision	-	500,000	500,000	-	-	-	-	-
4	NACTE Fee	20,000	20,000	20,000	-	20,000	15,000	15,000	15,000
5	Library Fee	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
6	Caution Money	50,000	50,000	50,000	13,000	13,000	13,000	13,000	13,000
7	Identity Card	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
8	Prospectus	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
9	Sports and Games	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
10	Student Union	15,000	15,000	150,000	13,000	13,000	13,000	13,000	13,000
11	NHIF Card*	----	-----	-----	-----	50,400	50,400	50,400	50,400
12	Defense Logistic	--	---	150,000	---	----	----	---	-----
	Total	2,165,000	4,715,000	4,335,000	1,940,000	1,440,400	1,140,400	1,140,400	950,400

* Paid in case one doesn't have NHIF Card/Membership

**PAYMENT SCHEDULE FOR ORDINARY DIPLOMA, TECHNICIAN CERTIFICATE AND BASIC
TECHNICIAN CERTIFICATE PROGRAMS**

Payment Date	Basic Technician Certificate	Technician Certificate	Ordinary Diploma
1st Installment 17/10/2023	354,900	402,400	369,400.00
2nd Installment 12/01/2024	198,500	246,000	246,000.00
3rd Installment 05/04/2024	198,500	246,000	246,000.00
4th Installment 14/06/2024	198,500	246,000	246,000.00
Total	950,400	1,140,400	1,107,400

PAYABLE DIRECT TO STUDENTS

No.		Basic Technician Certificate NTA Level 4	Technical Certificate NTA Level 5	Ordinary Dipolma NTA Level 6
1	Meals Allowances	1,904,000	1,904,000	1,904,000
2	Accomodation	600,000	600,000	600,000
3	Books and Stationary	700,000	700,000	700,000
4	Scientific calculator	30,000	30,000	30,000
5	Field Allowance	600,000	600,000	600,000
6	Thesis/Research Cost			

NOTE: The New Payment Schedule is effective from 2023/2024 Academic Year.

Issued by:
Chief Accountant
Institute of Social Work