

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/2024T

03/06/2024

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 2024/2025 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 15th October, 2024 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 attached fee structure). 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 so disqualifies you from registration. **Please note that fees paid shall not be refundable under any circumstances. Note also that students aged 18 years and above 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 done through the Student Information Management System (SIMS). Ensure you get Control Numbers from the Government electronic Payment Gateway (GePG). **Don't pay through our help desk lines below.** Payment procedures are as follows:

- i) Go to 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 desk 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 submitted to the Institute during the orientation period.

d) Original and Photocopies of Certificates

All prospective students are supposed to come with original and copies (2) of Birth and Academic Certificates.

e) Passport Size Photographs

All prospective students should bring with them four colored passport size photographs taken recently.

f) Letter of Acceptance

Each prospective student has to sign and return the acceptance letter 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 and Examinations Regulations. 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 code must be black and covered. Sandals are strictly not allowed within the campus premises.**

3. Additional Information

(a) Traveling Arrangements

Your employer/sponsor/parent will be responsible for all your travel costs to and from the Institute during vacations. Students **are not** 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 bookings in advance via hosted application form available on the website. The Institute Hostel fee is TZS. 380,000/- per year. However, there are private hostel services for students near the Institute ranging approximately from TZS. 600,000/- to TZS. 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/her own cost for his/her daily meals.

Once again, I welcome you to the 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 terms and conditions of the Institute's Regulations. I also accept 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 on arrival.

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"/> |
| 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"/> | |
| 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"/> | |
| 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"/> | |
| 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"/> | |

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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05/08/2024

Attention to: ALL STUDENTS

INSTITUTE OF SOCIAL WORK FEE STRUCTURE/ PAYMENT SCHEDULE 2024/2025

| S/N | Description | Master's Degree in Social Work Foundation | Master's Degree in Social Work Advance (1 - Year program) | Master's Degree in Human Resource (2 Years Program) | Master's Degree in Labour Laws, Mediation and Arbitration | Post Graduate Diploma (1 - Year program) | Bachelor Degree | Ordinary Diploma | Technician Certificate | Basic Technician Certificate |
|-----|------------------------------|---|---|---|---|--|------------------|------------------|------------------------|------------------------------|
| | | | NTA Level 9 | | | | NTA Level 7 | | | |
| 1 | Tuition Fee | 1,980,000 | 4,030,000 | 3,500,000 | 3,500,000 | 1,849,000 | 1,279,000 | 984,000 | 984,000 | 794,000 |
| 2 | Admission/Registration | 70,000 | 70,000 | 70,000 | 70,000 | 70,000 | 35,000 | 25,000 | 25,000 | 25,000 |
| 3 | Research/Project supervision | - | 500,000 | 500,000 | 500,000 | - | - | - | - | - |
| 4 | NACTE Fee | 25,000 | 25,000 | 25,000 | 25,000 | - | 25,000 | 20,000 | 20,000 | 20,000 |
| 5 | Library Fee | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 |
| 6 | Wear and Tear | 50,000 | 50,000 | 50,000 | 50,000 | 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 | 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 | 10,000 |
| 10 | Student Union | 15,000 | 15,000 | 15,000 | 15,000 | 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 | 150,000 | 150,000 | ----- | ----- | ----- | ----- | ----- |
| 13 | Total | 2,190,000 | 4,890,000 | 4,360,000 | 4,360,000 | 1,995,000 | 1,465,400 | 1,122,400 | 1,155,400 | 965,400 |

* 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 | 369,900 | 417,400 | 384,400 |
| 2nd Installment | 198,500 | 246,000 | 246,000 |
| 3rd Installment | 198,500 | 246,000 | 246,000 |
| 4th Installment | 198,500 | 246,000 | 246,000 |
| Total | 965,400 | 1,155,400 | 1,122,400 |

NOTE: The New Payment Schedule is effective from 2024/2025 Academic Year.

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 | | | |

Issued by:
Chief Accountant
Institute of Social Work