



Approved
Training
Organization



Swissport Tanzania Training Centre

Tel: +225 (0) 22 284 4615 Ext2241

Fax: +255 (0) 22 284 4610

Cell: +255 (0) 762 979 676

E-Mail: TZ.Trainingcentre@swissport.com

Website: www.swissporttraining.co.tz



www.facebook.com/swissporttrainingcentre

P.O. BOX 18043

Dar es salaam

Tanzania

STUDENTS' APPLICATION FORM

FOR OFFICIAL USE ONLY

Application Fee Receipt No:

Amount (Tshs):

Date:

INSTRUCTIONS TO THE APPLICANT

**Affix recent
passport sized
photo here.**

1. This form has two sections; **A** and **B**.
2. **SECTION A** is for the applicant, and **SECTION B** to be filled by the sponsor/funder.
3. The application form should be accompanied with certified copies of **birth certificate, academic/school certificate(s), Transcript(s)**, and other relevant testimonials.
4. Any application not accompanied by the required documents will not be processed.
5. Fee for the application form is **Tshs, 20,000/= this amount is non-refundable**.
6. Application fees are to be paid **ONLY** through our **NMB Bank Account No. 23010029714**
7. Upon submission the form shall be accompanied with the bank pay-in slip.
8. **Payment of fees shall only be made after being successful selected, issued with an invitation letter and bank details for payments.**
9. Attached is a separate sheet containing list of courses we offer, for your reference during selection of a course.
10. **Warning:** Submission of forged certificates or any false information is criminal offence and will be handled according to the law.

SECTION A:

To be completed by the applicant (USE BLOCK LETTERS)

1. Applicant Information

First Name: **Middle Name:**

Surname: **Gender:** Male Female

Date of Birth: **Nationality:**

Marital Status: Single Married Widow(er)

Telephone No: **E-Mail:**

2. Proposed Program / Course

[Indicate the course name]

.....

[Indicate any other alternative course(s)]

.....

3. Academic Qualifications

(i) Certificate of Secondary Education (C.S.E.E) or Equivalent

Name of School **From** **To**

For private candidates:

Centre **Year** **Index Number**

Specify Subjects Passed (Attach Copies of Certificate)

Subject	Results (e.g A, D)	Subject	Results (e.g A, D)

(ii) Advanced Certificate of Secondary Education (A.C.S.E.E)

Name of School From To

For private candidates:

Centre Year Index Number

Specify Subjects Passed (Attach Certificate)

Subject	Results (e.g A, D)	Subject	Results (e.g A, D)

(iii) For Graduates Only

Year	University College	Program Name	Overall GPA

(iv) Other Courses

Course	Duration	College/Institution	Grade/GPA

4. Do you have any health/physical/communication disabilities and/or situation requiring special attention?

YES NO *If YES please specify on the space below*

.....
.....
.....

5. DECLARATION

I declares that all the information given on this form is true and correct to the best of my knowledge.

Signature of the Applicant: **Date:**

SECTION B:

To be completed by the Sponsor:

I confirm that I will sponsor and pay the applicable course fees for this applicant.

Organization/Occupation:

Relationship with Applicant:

Contact Details: Mobile No.

E-Mail Address:

Official Stamp:
(If Any)

Signature of the Sponsor: **Date:**