

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE, AND TECHNOLOGY

Location of the Institution

The institution is located in Ishinde village, Njoro Ward, Same District, approximately half a kilometer from the main road to Moshi, on the left side of the road when heading from Same Town towards New Dawn Secondary School. The center is surrounded by a lush, green environment, equipped with modern facilities, and staffed by highly qualified instructors.

Courses Offered

Applicants can choose one course from the following (indicate with a ✓):

1. Tailoring ()
2. Electrical Installation ()
3. Motor Vehicle Mechanics & Driving ()
4. Masonry and Bricklaying ()
5. Carpentry ()
6. Computer Studies ()
7. Entrepreneurship ()

Annual Fees and Requirements

Item	Cost (Tsh)	Cost (€)
Training Fee	250,000	109
Identification Card	10,000	4.34
Learning Materials	110,000	48
Maintenance Fee	25,000	11
T-shirt	20,000	9
Total	415,000/-	180.43

Note:

- The training fee is Tsh. 200,000/- for most courses, except Driving, which costs Tsh. 250,000/-.
- Fees must be deposited into the center's account: "Marion Meyenburg Vocational Training Center." Cash payments are not accepted.
- VETA exam registration fees (to be paid in April) are not included and will depend on VETA instructions for the year.

Other Essential Requirements for Students

- 1 sweater (available at the center for Tsh. 20,000/-)
- Black shoes and socks
- Two passport-size photos
- Counter books and pens (based on the course requirements)
- Off-white T-shirt and dark blue trousers
- Dark blue overcoat (durable fabric)
- Safety boots (for technical courses only)

Training Materials by Course

Students who pay Tsh. 100,000/- for training materials are exempted from bringing the following:

1. **Electrical Installation:** Standard toolbox, spirit level (2 ft), wires (1.5 & 2.5mm², 15 meters each), flexible wire (15 meters), AC tester, digital multi-meter (optional).
2. **Motor Vehicle Mechanics:** Small toolbox (31cm x 19cm), DC tester, combination & open spanners, filler gauge (0.6mm), wires (20m of blue, black, and green each).
3. **Tailoring:** 6 meters of fabric, measuring tape, scissors, needles (size 16), and two spools of thread.
4. **Masonry/Bricklaying:** Measuring tape (7.5m), trowels, spirit level, Steel Square, wooden float, steel float.

Important Dates

- **Reporting Date:** January 6, 2025
- **Last Reporting Date:** January 20, 2025
(Latecomers will not be admitted).

Application Process

1. Fill in your personal details

- Full name _____
- date of birth _____
- Address _____
- Education level _____
- Schools attended _____

2. Indicate the course you are applying for _____

3. Confirm adherence to the institution's rules and regulations by signing the form.

4. Parents/Guardians must also sign to confirm their readiness to pay all necessary fees.

Declaration by Student

"I, _____, pledge to adhere to the rules and regulations of the institution as outlined in this form. Signature: _____"

Declaration by Parent/Guardian

"I, _____, hereby confirm that if my child is admitted, I will pay all required fees on time. Signature: _____"



For Official Use Only

- **Reporting Confirmation:** The student reported on _____ and is either accepted/not accepted based on:
- Completion of all necessary requirements. Yes () No ()

Staff: _____ **Signature:** _____

Position: _____ **Stamp:** _____

GOVERNMENT OF TANZANIA

REQUEST FOR MEDICAL CHECK UP

From: Marion Meyenburg Vocational Training Center - Ishinde, Same

To the Medical Officer

Mr/Mrs/Miss _____ (Name in full)

Please examine the above named as to his/her Physical and Mental fitness for a full time Vocational Training Course. The examination should include the following categories:-

- i. Eye-sight, beheading, Limbs, Speech, Venereal disease, Leprosy, Epilepsy
- ii. Neuroses
- iii. Serious diseased
- iv. Pregnancy
- v. Any other category or sub category of which will reduce the applicant ineligible in case of a defect.

MEDICAL CERTIFICATE

To be completed by a government medical officer

I have examined the above named and consider that he/she is physical fit /unfit and mentally Fit/unfit for a full time vocational training course.

- i. Eye-sight_____, beheading _____, Limbs_____,
Speech_____, Venereal disease_____, Leprosy_____,
Epilepsy_____
- ii. Serious diseased _____
- iii. Pregnancy _____

Name: _____ Signature: _____

Designation: _____ Date: _____

Station: _____ stamp: _____