

Relief and Development Services Tanzania- Morogoro Centre
P.O. Box 6123 * Morogoro * TANZANIA * East Africa

SHULE YA KINGEREZA KWA AJILI YA UMISHENI (EFC II)

Shule ya Misingi ya Kingereza (EFC 2) ya Youth With A Mission (YWAM – WAIWAM) ni masomo yatakayo kusaidia na yanayokusudiwa kukusaidia wewe kuongea na kuandika kingereza kwa muda mfupi. Wewe unaye taka kujifunza Kingereza kufikia hatua ya kuweza Kuongea na mtu mwingine anaye fahamu Kingereza tu. Pia hatua hii itakuwezesha kupata hatua ya kjiendeleza katika lugha ya Kingereza. Ni lazima kujitahidi kwa bidii mno kusoma kwa sababu ni masomo ya kuchosha. Na pia, unaweza kuchoka na kukata tamaa mara kwa mara wakati wa shule hii, lakini hakuna lisilowezezana kwake Mungu! Shule hii ni ya muda wa miezi mitatu (wiki 12).

Kipindi Cha Darasa: Kila siku kuna vipindi vya darasani (kundi kubwa na vikundi vidogo vidogo) asubuhi, na kazi za mikono mchana (kipindi cha kutumia lugha katika shughuli za kila ziku).

Tarehe za Shule: Tarehe _____ hadi tarehe _____

Ada ya Shule: Kila mwanafunzi anatarajiwa kulipa ada yote siku ya kwanza ya shule. Shirika la YWAM ni shirika la wafanya kazi wa Kuujitolea, hakuna anaye lipwa mshahara. Kama wafanyakazi pia tonatoa changizo au ada kwa kila mwezi.

Ada ya shule ni Tsh. 600,000, T Shirt ni Tsh 12,000 na Tsh.10,000 ya kujiandikisha (haitarudishwa)

Makazi, Malazi na Chakula: Makazi yetu ni ya wastani tu. Wanafunzi na wafanya kazi wanaishi katika mabweni/nyumba. Chakula chetu ni cha mtanzania wa kiwango cha wastani na si cha kifahari. Shule hii ni shule ya faida ikiwa utajitoea kuongea kingereza kila mara. **Hairuhusiwi kuongea lugha nyingine yeyote mara utakapoanza shule.** Pia wanafunzi hatuwaruhusu kulala nje ya kituo wakati wa muda wao wa shule.

Sisi wafanya kazi wa Youth With A Mission Morogoro, tunakukaribisha sana.

MUHIMU: Utakapokuwa umerudisha sehemu **zote** za fomu, tutakuandikia barua ya kukujulisha kuwa umekubaliwa chuoni au la. Kwa hivyo isipokuwa kwa mawasiliano maalum na wewe ngojea barua hii. Kwa hivyo wasilisha fomu yako mapema kabla ya tar. _____ Tarehe ya Usahili ni _____ hapa kituoni kwetu kuanzai saa _____ asubuhi.

Kirudisha fomu tunaomba uhakikishe kwamba umetuma kila kitu ambacho kimetajwa kwa wakati mmoja. Hatutaweza kuangalia fomu kabla ya kupata kila kitu. Weka ndani pamoja na fomu: **Please write in English 1. Why you want to do this School and how will this school help you in the future. 2. Your future goals 3. Your English knowledge in Speaking, Hearing, Reading and Writing Tsh. 10,000 for registration (non-refundable) 5. Two passport size photos. 6. Karatasi inayoonyesha matokeo ya kipimo cha HIV yenye muhuri wa zahanati na sahihi ya daktari (tunahitaji hii kwa sababu tunaishi kama jamii).**

Please fill this form and return it to us soon by _____

*Fomu ya afya (HEALTH FORM), Ijazwe na daktari au kwa daktari.

YWAM TUNAVYOAMINI

Youth With A Mission (YWAM – inasomeka “waiwam”) ni huduma ya kimataifa isiyo chini ya dhehebu lolote. YWAM ina vituo zaidi ya 1100 ulimwenguni kote katika nchi zaidi ya 171. Lengo la huduma hii ni kuihubiri injili ulimwenguni katika kizazi chetu na kuwaandaa wengine kwa kupitia mafundisho mbalimbali ili waweze jufanya sehemu yao katika kuutumiza mwito mkuu, katika Matayo 28:19-20.

Tunaamini katika kumfikia mtu mzima – Kiroho, Kimwili, Kiakili na Kiuhusiano, ili kwamba vyote vimtukuze Mungu. Tunaamini neno la Mungu yaani Biblia ndilo lenye mamlaka yote linalotufunulia kuwa Yesu ni Mwana wa Mungu na kuwa yeye ndiye tu mkombozi wa mwanadamu kutoka dhambini. Tunaamini katika mamlaka ya wateule kupitia Roho Mtakatifu, Kuwa Yesu anafanya kazi alizozifanya alipokuwa duniani kupitia kwa wanaomwamini, Katika mwili mmoja wa Yesu yaani wote wanaomwamini na kumjua kwa kusamehewa dhambi na kutembea katika utakatifu, Kuwa Yesu atarudi kulichukua kanisa na kwa hivyo ni sharti wote waisikie injili kupitia wote wanaoliitia jina la Yesu.

**ENGLISH FOUNDATIONS COURSE II / SHULE YA MSINGI YA
KIINGEREZA II (EFC 2)**

APPLICATION FORM / FOMU YA MAOMBI

Name / Jina _____
(Last name / Jina la mwisho) (First name / Jina la kwanza) (Middle name / La kati)

Address / Anwani

Telephone numbers / Nambari za simu

Email address / Anwani ya barua pepe _____ FAX

Date of Birth / Tarehe ya siku ya kuzaliwa _____
(Year / Month / Day) (Mwaka / Mwezi / Siku)

Please check the appropriate box below / Tia alama kwenye boxi chini inayostahili:

- | | | |
|---|--|---|
| <input type="checkbox"/> Single / Bado | <input type="checkbox"/> Engaged / Uchumba | <input type="checkbox"/> Divorced / Kuachwa |
| <input type="checkbox"/> Widowed / Mjane / Fiwa | <input type="checkbox"/> Separated / Kutengana | <input type="checkbox"/> Married / Kuoa / Kuolewa |

Name of Spouse / Jina la mumeo au mkeo: _____

Number of children / Idadi ya watoto: _____

Full names, ages and birthdays of children / Majina kamili, umri na tarehe ya kuzaliwa za watoto:

Name / Jina	Age / Umri	Date of birth / Tarehe ya kuzaliwa
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religion/Dini yako _____

If you are a Christian for how long have you been a committed Christian?/Ikiwa umkristo, Je umekuwa mwokovu kwa mda gain? _____

Name of your fellowship or church/ Jina la Kanisa au Ushirika wako:_____

Pastor's Name/Jina la Mchungaji wako:_____

How long has he known you? / Mumejuana kwa mda gain? _____

Spiritual Leader's name (if different from Pastor) Jina la kiongozi wako wa kiroho (Ikiwa ni tofauti na mchungaji wako): _____

Address/ Anwani yake:_____

Telephone/Nambari yake ya simu: _____

How long has he known you? / Umejuana kwa mda gain? _____

Please describe your educational background and the level / Eleza elimu yako na darasa ulilofika:

What are you doing now / Unafanya nini sasa?

In case of emergency notify / Wakati wa hali ya hatari ajulishwe nani?

Name / Jina	Relationship / Uhusiano	Telephone number
/ Nambari ya simu		
Address / Anwani		

Please note any languages spoken and proficiency / Tafadhali tueleze lugha gani unazoweza kuongea na uwezo wako.

Swahili / Kiswahili

English / Kiingereza

Korean / Kikorea

French / Kifaransa

Other / Na Nyinginezo

Please note your technical skills and briefly describe your past experience/ Taja ujuzi wo wote wa kiufundi ulionao

- | | | |
|--|---|--|
| <input type="checkbox"/> Carpentry / Seremala | <input type="checkbox"/> Mechanic / Mekanika | <input type="checkbox"/> Computer / Komputa |
| <input type="checkbox"/> Building / Ujenzi | <input type="checkbox"/> Driver / Dereva | <input type="checkbox"/> Cooking / Kupika |
| <input type="checkbox"/> Plumbing / Fundi bomba | <input type="checkbox"/> Administrative / Utawala-ofisi | <input type="checkbox"/> Sewing / Kushona |
| <input type="checkbox"/> Electronic / Fundi umeme | <input type="checkbox"/> Secretarial / Karani | <input type="checkbox"/> Doctor / Daktari |
| <input type="checkbox"/> Painter / Fundi rangi | <input type="checkbox"/> Accounting / Mahesabu | <input type="checkbox"/> Dentist / Daktari wa meno |
| | <input type="checkbox"/> Typing / Kuchapa | <input type="checkbox"/> Nurse / Muuguzi |
| <input type="checkbox"/> Any other - Specify / Nyinginezo - Taja | | <input type="checkbox"/> Farming / Kilimo |
-

CONDITIONS OF ACCEPTANCE / MATEGEMEO YA HALI YA KIUGUZI

Hii nikumaanisha kuwa huduma ya YWAM, Tanzania haihusiki na hali yangu yo yote ya kifedha, ikiwa kutatokea madhara yo yote, iwe ni hali ya maradhi ama ajali wakati wa kipindi changu cha mafunzo, ama pia wakati wa kufanya kazi na shirika hili.

YWAM, Tanzania is not responsible for my financial well-being or to assist me financially in any way, should I be harmed injured or become ill during the course of my studies whether accidental or otherwise; or at any such time as I might be employed by Youth With A Mission.

Signature of applicant / Sahihi ya mtuma maombi

Date / Tarehe

CONFIDENTIAL HEALTH FORM

TO THE APPLICANT: This information is treated as confidential. Please print or type answers to all questions. As certain medical conditions preclude acceptance please complete the whole form. PART B must be completed by your physician. Less inclusive medicals done for YWAM bases are not acceptable.

Name _____ Date of Birth _____

_____ (Last) (First) (Middle)

Permanent Address (Street / PO Box): _____

City _____ State / Province _____ Zip / Postal Code _____

Phone _____

Nearest Relative _____ Relationship _____

Address of nearest relative (Street / PO Box): _____

City _____ State / Province _____ Zip / Postal Code _____

Phone _____ Emergency Phone number _____

PART A (Personal History): Please answer all of the questions and take both Part A and Part B to your doctor. Comment on all positive answers in the space below or on a separate sheet of paper. Have you ever had, or do you currently have any of the following?

	NO	YES		NO	YES		NO	YES
Skin conditions			High blood pressure			Jaundice		
Eye trouble			Low blood pressure			Hepatitis		
Ear trouble			Allergic reaction to:			Intestinal trouble		
Head injury			Penicillin			Recurrent diarrhoea		
Recurrent epilepsy			Sulphonamides			Diabetes		
Epilepsy			Serum			Kidney disease		
Fainting spells			Foods - Specify			Anaemia		
Nervous disorders			Heart trouble			STD / Venereal disease		
Weakness			Rheumatism / arthritis			Tumour / Cancer		
Paralysis			Back problems			FEMALE ONLY:		
Insomnia			Dislocation of joints			Irregular periods		
Shortness of breath			Broken bones			Severe cramps		
Hay fever			Stomach/duodenal ulcer			Excessive flow		
Asthma			Gall bladder problems			Are you pregnant?		
						Previous pregnancies		

PART B:

TO THE PHYSICIAN: Please review the information in part A. Please treat all conditions that you feel require treatment and notify us of any problems you feel merit follow-up. As certain conditions such as severe diabetes, epilepsy, heart disease and severe obesity preclude from acceptance, please ensure that these have been excluded.

Height _____ Weight _____ Overweight Blood pressure _____

Pulse _____ Blood Group _____ Rh Factor _____

E.C.G. (If over 40) _____

Visual Acuity R _____ L _____ Without glasses
 R _____ L _____ with glasses or contacts

Colour Perception _____

Hearing R _____ L _____

Urinalysis _____ last Pap Smear (not compulsory) _____

Are there any abnormalities of the following systems? Please describe fully.

	NO	YES	PLEASE DESCRIBE
E.N.T.			
OPHTHAMOLOGICAL			
TEETH			
NEUROLOGICAL			
CARDIOVASCULAR			
RESPIRATORY			
MUSKULOSKELETAL			
ENDOCRINE			
LYMPHATIC			
HERNIA ORIFICES			
GYNAECOLOGICAL			
UROLOGICAL			
PSYCHIATRIC			

Recommendations for follow-up test/treatment: _____

Additional comments: _____

PHYSICIAN'S RECOMMENDATION: PHYSICIAN'S NAME: (print) _____

Acceptable without limitations ADDRESS: _____

Acceptable with limitations (specify) _____

Not Acceptable: should remain in areas where adequate medical care is provided.

 Physician's signature Date

NOTE: Tunaomba upime afya yako kuhusu HIV na utakaporudisha fomu, utume majibu haya pia (itasaidia maana tunaishi katika jamii).

SURGERIES PERFORMED

DATE	TYPE OF SURGERY	OUTCOME & LONG TERM EFFECTS

X-RAYS PERFORMED

DATE	TYPE OF X-RAY	RESULT

Are you at present under a doctor's care for any condition? NO YES—Specify _____

Please arrange to bring along all necessary long-term medications with you as continuing supplies may not be available. Do you know or have you ever received any worker's compensation or disability from any sources?

NO YES—Specify _____

Have you ever had any of the following COMMUNICABLE DISEASES?

	NO	YES			NO	YES
Chicken Pox			Pertussis	Mumps		
Measles(Rubella)			Scarlet Fever	Other-specify		
Measles (Rubeola)			Tuberculosis			

IMMUNISATION RECORD

IMMUNISATION	DATE	IMMUNISATION	DATE
DPT/DT*			

Tetanus Booster is required if not done in the last five years.

FAMILY HISTORY

Tuberculosis			
Diabetes			
Kidney Disease			
Heart Disease			
Arthritis			
Stomach Disease			
Asthma/Hay fever			
Epilepsy/Convulsions			

MAKUBALIANO

MAELEZO KUHUSU MALIPO YA SHULE:

Nimeelewa kwamba malipo (karo) ya shule ni lazima yalipwe mara tu mwanafunzi anapofika chuoni. Vinginevyo labda uwe na taarifa au ruhusu fulani kwa kiongozi wa chuo. Pia ninakubali kufika shuleni mapema ili kukamilisha mambo ya binafsi na ya shule kwa muda wa mafunzo, kama ombi langu litakubaliwa kujiunga na English Foundations Course au English For Missions. Nitafuata sheria na taratibu zote za chuo na shule.

Jina kamili la mwombaji (HERUFI KUBWA) _____

Sahihi ya Mwombaji _____ Tarehe _____

ENDAPO UTATOKEA UHARIBIFU WO WOTE:

Ninatoa ruhusu kwa chuo cha YWAM - EFC / EFM wafanyakazi na watumishi wote wa kujitolea au wafadhili kwa kila uharibifu utakapotokea kwamba itakuwa juu yangu kufidia au kugharamia wakati wo wote nitakapokuwa chuoni kwa EFC/ EFM/ DTS.

Jina kamili la mwombaji (HERUFI KUBWA) _____

Sahihi ya Mwombaji _____ Tarehe _____

MFUMO WA MATABABU:

Endapo itatokea nimekuwa mgonjwa au nimeumia na ninahitaji matibabu, ninatoa ruhusu kwa uongozi wa YWAM ili waamue jambo lo lote kuhusiana na matibabu yangu, kama vile operesheni (upasujaji), matibabu yo yote yale yatakayohitajika kwangu kutokana na uthibitisho vipimo vya daktari vitakavyoonyesha, au ikitokea ya kwamba ninauwezo wa kuamua mwenyewe nitaamua mwenyewe.

Ninakiri yote yaliyotajwa hapo juu, kuwa hayatabadilishwa au kuingiliwa na jamaa yangu. (SHULE YA EFC / EFM /DTS HAITAWAJIBIKA KWA MALIPO YO YOTE YA MATIBABU.) Ninakiri kwamba sitaumu uongozi wa chuo YWAM kwa uamuzi wo wote watakaotoa. Kuhusiana na kitu fulani / cho chote nitakachoharibu au kupoteza.

Jina kamili la mwombaji (HERUFI KUBWA) _____

Sahihi ya Mwombaji _____ Tarehe _____

MAELEZO KUHUSU MAZISHI (KIFO):

Ikitokea kifo changu wakati wa kozi kwenye chuo cha YWAM, ninaomba jamaa yangu ijulishwe ili iamue mahali pa mazishi, uongozi wa EFC / EFM/ DTS utapokea mashauri hayo na kuyatekeleza, ikitokea uongozi wa shule unashindwa kuwasiliana na jamaa yangu, na jamaa yangu inashindwa kutoa maelezo kuhusu mazishi yangu pia kushindwa kulipia gharama zinazohitajika, Basi, chuo kitachukua uamuzi huo wa mazishi.

Jina kamili la mwombaji (HERUFI KUBWA) _____

Sahihi ya Mwombaji _____ Tarehe _____