



Arusha Mental Health Trust,  
Mt. Meru Regional Government Hospital  
P. O. Box 1645  
Arusha, Tanzania  
East Africa  
Phone: 255 27 254 8778 / 250 8511  
[info@amht.co.tz](mailto:info@amht.co.tz); [Director@amht.co.tz](mailto:Director@amht.co.tz)  
[www.amht.co.tz](http://www.amht.co.tz)

Post Applied  
for:

Post Number:

AMHT will  
assign this

### Application Form

Please refer to Section 10 for detailed information on completing this form, and requirements for employment.

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**

#### Section 1 Personal details

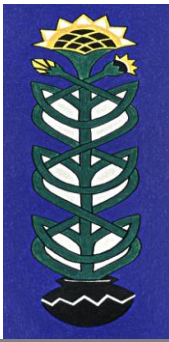
<b>Title:</b>		<b>Last Name:</b>	
<b>First Names:</b>			
<b>Date of Birth:</b>			
<b>Nationality:</b>			
<b>Marital Status:</b>	See Section 10, #2		
<b>Dependants:</b>	See Section 10, #2		
<b>Address:</b>			

<b>Home Telephone Number:</b>	
<b>Mobile Telephone Number:</b>	
<b>E-mail address:</b>	
<b>Health Insurance Carrier and Number:</b> See Section 10, #3	
<b>Are you eligible to work in the Republic of Tanzania?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> See Section 10, #4
<b>Do you hold a driving license?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Section 2 Criminal Convictions Information

<b>Have you ever been convicted of a criminal offence?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have you any prosecutions pending?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please give details / dates of offence(s) and sentence:



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### Section 3 Length of Work Commitment to AMHT

Date From	Date To	Position	Duties, Responsibilities, and Expectations. For example, what skills and knowledge do you bring to AMHT, and what skills and knowledge do you intend to develop while working with AMHT?



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#### Section 4 Education

Date From	Date To	Name of School	Examinations taken and Qualifications Gained (Specify Grades)

#### Section 5 Employment Record

Please list chronologically, starting with current or last employer

Name and Address of Employer	Date From:	Date To:	Job Title/Job Function/ Responsibilities:	Salary and Reason for Leaving

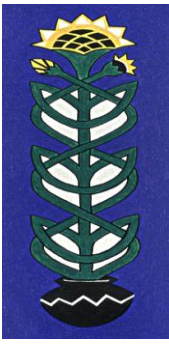


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## Section 6 Membership of Professional Organizations

## Section 7 Personal Attributes

Use this section to add any further information which directly relates to your suitability for this position, including languages spoken.



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## Section 8 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. (NB. References will only be taken if you commence employment with us)

Reference 1		Reference 2					
Name:	<input type="text"/>	Name:	<input type="text"/>				
Their Position (job title):	<input type="text"/>	Their Position (job title):	<input type="text"/>				
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>				
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>				
Dates Employed:	<table border="1"><tr><td>From:</td><td>To:</td></tr></table>	From:	To:	Dates Employed:	<table border="1"><tr><td>From:</td><td>To:</td></tr></table>	From:	To:
From:	To:						
From:	To:						
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Postcode	<input type="text"/>	Postcode	<input type="text"/>				
Telephone N <sup>o</sup> :	<input type="text"/>	Telephone N <sup>o</sup> :	<input type="text"/>				
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>				



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## Section 9 Declaration

I confirm that the information provided in this application and within my Curriculum Vitae is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the Republic of Tanzania, valid certificates of professional competence, criminal convictions clearance, and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

Signed:

Date:

## Section 10 Submitting Your Application

1. Complete all sections of the application form. Please attach a detailed CV if you have one which provides additional information.
2. We would like to know how many people are in your household who will be coming with you.
3. You will need to provide your own health insurance, including coverage for repatriation in case of serious illness.
4. **If you are not yet eligible to work in Tanzania**, we will help you with the required immigration forms and help you through the process of getting a Visa to work.
5. Sign the Declaration.
6. Print the application form or scan it. We accept applications by email, regular post, or personal delivery to the department of Mental Health, Mt. Meru Hospital.
7. We will acknowledge receipt of your application. If you do not hear from us, please check to make sure that we have received your application.
8. We will invite you for an interview in due course, depending upon the availability of a position and your suitability.
9. If we agree on a position, the following documents will be reviewed and required before we reach a contractual agreement:
  - a. Confidentiality Agreement signed
  - b. Child Protection Policy signed
  - c. Performance Review reviewed and agreed upon
  - d. Guidelines for Activity Log and Patient Statistics reviewed and understood
  - e. Contract and Financial Arrangements agreed and signed
  - f. Disciplinary Form reviewed and understood
  - g. Dress Code reviewed and understood
  - h. Tanzanian Government Employment Regulations reviewed and understood
  - i. Copy of Professional Qualifications and Licenses held
  - j. Tanzanian Government Validation of Professional Qualifications and Licenses
  - k. Copy of Valid Visa for files at AMHT
  - l. Copy of Passport for files at AMHT