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PASSPORT SIZE
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KILIMANJARO CHRISTIAN MEDICAL UNIVERSITY COLLEGE (KCMUCO)

APPLICATION FORM FOR THE SHORT COURSE PALLIATIVE CARE TRAINING FROM 24TH NOVEMBER TO 4TH DECEMBER 2022)

Name	
Designation	
Address	
Mobile Phone number:	
Email address	
Sex	
Educational Qualifications	
Describing why you want to undertake the training in Palliative Care (Not more than 500 words)	
Briefly describe how you see your future development in	

Palliative Care (Immediate and long term) (Not more than 200 words)	
How do you hope to apply learnings from this course to your local situation? (Not more than 300 words)	

DECLARATION

I hereby declare that the above information provided are true and correct to the best of my knowledge.

Signature..... Date