



THE UNITED REPUBLIC OF TANZANIA
PRIME MINISTER'S OFFICE
LABOUR, YOUTH, EMPLOYMENT AND PERSONS WITH DISABILITY
OCCUPATIONAL SAFETY AND HEALTH AUTHORITY (OSHA)



APPLICATION FORM FOR OHS SYMPOSIUM, 2018

A. PARTICIPANT'S INFORMATION

- a) Your Full Name.....
- b) Your Company/Organisation.....
- c) Occupational/Current Job.....
- d) P.O. BOX.....
- e) Tel/Mobile.....Email Address.....

B. SPONSORSHIP DETAILS

- a) Mention your sponsor.....
 (eg. *Self, Employer, Family, Friends etc.*)
- b) Sponsor's Contacts;
 P.O.BOX.....Tel/Mob:.....
 Email:.....(Option)

C. PAYMENT EVIDENCE

Attach your bank pay-in-slip here

D. CERTIFICATION

Name of Applicant.....

Signature.....Date.....

GENERAL CONDITIONS;

- a) Interested participants should fill-in this application form available in our website: www.osha.go.tz or any of our offices. They may also inform us on their intention to participate by calling or emailing us through the provided contacts.
- b) Participation fee is Tshs. 100,000/= payable to **OSHA REVENUE ACCOUNT No. 0150210411100 CRDB Bank**; bank pay-in slip attached with this application form and submitted to us electronically or physically to our secretariat before or upon arriving at the symposium venue. Payment deadline is April 25th, 2018.
- c) The fee paid will cover breakfast, lunch, learning materials and facilitation expenses. Other expenses such fares, dinner and accommodation will be borne by the sponsor or an individual participant.
- d) Confirmation to participate must be made not later than April 20th, 2018 to Mr. Kamaza (0787127778) Email: jossam.kamaza@osha.go.tz or Mr. Paul Gyuna through; +255713-564137/+255752-495556, email; gyunaa@gmail.com or Mr. Eleuter Mbilinyi through; +255714 630457/+255768 096574, email; eleuter.mbilinyi@osha.go.tz

Telegrams: "KAZI AJIRA", Tel: +255-2760548/2760579, Fax No: (022) 2760552, P.O. Box 519, DAR-ES-SALAAM, Email: info@osha.go.tz