



# OCCUPATIONAL SAFETY AND HEALTH AUTHORITY

## Directorate of Training, Research & Statistics



### Application Form for Occupational Safety and Health (OSH) Training (Fomu ya Maombi ya Kujiunga na Mafunzo ya Usalama na Afya Mahali pa Kazi)

#### A: To be Filled by the Applicant in Capital letters (Fomu Ijazwe kwa Herufi Kubwa)

Name of course you are applying for: (Jina la Kozi): .....

Program dates and location: (Tarehe na mahali kozi inapofanyika): .....

Full Name: (Jina kamili la mwombaji): .....

Sponsor: (Mlipaji wa gharama za masomo): .....

Gender (Male/Female): Jinsi (Me/Ke):..... Age: (Umri wa mwombaji):.....

Occupation: (Kazi yako): .....

Company name: (Jina la sehemu ya kazi): .....

Industry/ sector – e.g. construction, etc: (sekta-mfano; ujenzi, n.k): .....

Education Level: (Kiwango cha elimu): .....

Job Experience: (Uzoefu kazini): .....

Contact Address: (Anuani): .....

Telephone: (Simu): ..... E- mail: (Barua pepe) : .....

Previous OSH course(s) taken (if any): (details): (Elezea mafunzo ya OSH kama umewahi kuhudhuria):  
.....  
.....

Signature: (Saini ya mwombaji): ..... Date: (Tarehe): .....

#### B: For Official Use Only (Kwa matumizi ya ofisi tu)

Application form has been received and verified by: (Jina) : .....

Signature: (Saini): .....Date: (Tarehe): .....

Decision by selection committee: (Uamuzi wa Kamati): .....

#### C: Mode of payment (Njia ya malipo)

Payment will be done via NMB, CRDB Bank or Mobile after issued the control number

#### D: Attachment

Attach the O'level education certificate

#### E: For more information contact:

*Tel: +255 222760548/9. Email; [info@osha.go.tz](mailto:info@osha.go.tz) Website: [www.osha.go.tz](http://www.osha.go.tz)*