PASTOR PHIL TRAINING COLLEGE

P.O.BOX 2230 MOROGORO, TANZANIA.
Mobile: 0718 841033 or 0765 841033
Land line: 023 2613962.
Email: *pastorphiltz@gmail.com*

PHOTO SIZE

DATE / 2025

APPLICATION FORM .

(COURSE APPLIED)

_____

FORM NO: _____

FULL NAME

Pastor Phil Training School- Few Tips in general.

CONNECTION WITH OUR COMMUNITY.

Currently the School-Centre is among the most dependent by people in the region and counter Parts due to the **provision of** effective teachings embodied with ethics, competence and profession, many people have been rushing to this School-Centre due to its uniqueness' in teachings and the assortment of materials under modern teaching methodologies.

OUR FORMATS AND MODELS.

Our curriculum is based on the **Effective Teaching Models (ETM)** which includes a strong communication skill's program for all groups throughout the courses. We prepare our students in a range of maximum dynamicity and diversity.

OUR PHILLOSOPHY ON TEACHING.

We are the right size to pay close attention not only to each student's individual academic progress but also to individual personal development and that's probably gives a unique credibility to our services.

REMARKING.

It has been remarked that **Pastor Phil Training students** are extremely well prepared academically by achieving great social confidence and profession's competence

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INFORMATION'S PAGE .

1. Student's Details. **DATE: _____ 2025.**

I. **Course Applied (koziunayosoma)**_____

II. Full Names (Majina). _____

III. Tareheyakuzaliwa (Birthday)._____

IV. Gender (Jinsia) (M OR F). _____

V. Street (Mtaaunaoishi). _____

VI. Primary school.(Shuleyamsingiuliyomaliza)_____

VII. Secondary Secondary (Shuleya secondary uliyosoma)_____

VIII. Healthy-Defect. (kamaunashidayakiafya,toamaelezo).

_____

2. Parent/custodian/referee/Contacts/ (Taarifazamzazi au mdhamini)

A *-Parent Contact (**Nambayasimuyamzazi/Mlezi**).*_____

B *- Contact of your relative (**Nambayasimuyandugu**).*_____

C *– Student's phone (**simuyamwanafunzi**)* _____

NB: If - Sponsored by Organization (Kama unalipiwaadanashirika).

Name of organization (Jina la taasisi) _____

*Adress (Anuaninanambayasimuyataasisi)*_____

3. *For official use only(Kwamatumiziyaofisitu).*

- *Receptionist* _____ *Date*_____
- ***Signature/Official Stamp***_____

"Education with Excelence"