OUTREACH CARE INTERNATIONAL

P. O. Box 1534 DODOMA - Tanzania.
Email: outreachcare.tz@gmail.com
Tel: 0736 952 871 / 0784 877 444

NOMINATION APPLICATION FORM
HONORIS CAUSA

Photo

Sur Name: …… Other Names ……

Date of Birth: …… Place of Birth: ……

Mailing Address:

City…… Postal Code …… Telephone……..

E-mail address: ……

Marital Status: ☐ Married ☐ Single ☐ Engaged ☐ Separated ☐ Divorced ☐ Re-married ☐ Widowed

Gender: ☐ Male ☐ Female. Name of Spouse: ……

Educational Background:

Name of Primary School: ……..

Name of Secondary School ('O' Level): ……..

Name of High School ('A' Level): ……

Higher Education: List College(s) and type(s) of degree(s) Held with dates:

(a) Certificate ( ) - (b) Diploma ( ) - (c) Bachelor Degree ( ) – (d) Masters Degree ( )

(e) Doctorate Degree ( )

……

……

……

College or Specialized Training:

☐ Yes ☐ No. Country: ……..

Institute Studied: ……..

Courses Studied: ……

What type(s) of Ministry/Organization are you presently involved in? (Be Specific)

……

……

What are your Ministry/Organization goals?

……

Religion: ……

Outstanding contribution to the community/institution:

What is your contribution to the community and how do you value your contribution? *(If your information does not fit on the provided space below, please add an attachment, named "My Contribution", for this field*).

……

……

……

……

……

Outreach Care International partners and collaborates with other International Institutions in offering academic studies. Please identify and select your preferred choice from amongst the list.

☐ Cornerstone International Bible College - USA
☐ Leadership International Ministerial Academy - LIMA
☐ In His Name Bible College - USA
☐ His Holy Word Bible College – USA

Honorary Degrees Offered by our Partner Institutions & Universities:

(Please select one according to preference)

☐ Master of Arts in Social Work
☐ Master of Arts in Church Management
☐ Master of Arts in Bible Studies and Community Development
☐ Master of Arts in Community Development
☐ Master of Arts in Leadership & Counseling
☐ Master of Arts in Conflict Transformation
☐ Master of Arts Degree in Social Works
☐ Doctor of Community Development
☐ Doctor of Church Management
☐ Doctor of Business
☐ Doctor of Conflict Resolution
☐ Doctor of Humanity
☐ Doctor of Leadership & Counseling
☐ Doctor of Leadership & Ethics
☐ Doctor of Leadership Ethics
☐ Doctor of Leadership & Peace Counseling
☐ Doctor of Education Administration
☐ Doctor of Christian Education
☐ Doctor of Divinity
☐ Doctor of Theology
☐ Doctor of Laws
☐ Doctor of Science
☐ Doctor of Humane Letters
☐ Doctor of Arts and Humane Letters
☐ Doctor of Pedagogue
☐ Doctor of Arts
☐ Doctor of Music
☐ Doctor of Liberal Arts

Employer's Address:

Contact Address: ……
☐ Yes ☐ No Employer's Name:……
Your Present Occupation: ……
Tel: No: ……
Country of Operation: ……

Attach two recommendations from your Referees (including employer, as is appropriate) who can testify that you have been involved in full time service for at least FIVE YEARS.

☐ Yes ☐ No.

How and where did you hear about **Outreach Care International**: ☐ Website, ☐ Alumni, ☐ Conference, ☐ Flyers, ☐ Friends

Referred by: (name) ……

Have you ever been disciplined by any authority?

☐ Yes, ☐ No. If Yes please Explain:

……
……
……
……

Have you ever been treated for *emotional/mental condition:* ☐ *Yes,* ☐ *No. If yes, explain:*
……..
……..

Have you ever been accused or found guilty of Child Abuse, Sexual molestation, misappropriation of funds, felony crimes, or inordinate affections?
☐ Yes ☐ No if yes explain:
……..

DECLARATION

I, …….. do hereby declare that, Outreach Care International reserves the right to deny or revoke the approval of my candidature if satisfied that my behavior or lifestyle is inconsistent with the morals of our society.

…… Date: ……
Applicant's Signature

Note:
Outreach Care International partners with a variety of likeminded Universities and other higher learning international institutions as a bridge to eligible, deserving and qualified personnel to earn higher learning qualifications.

FOR OFFICE USE ONLY

Date Application Received: ……/……/20……..

Approved: ☐ Yes ☐ No. If No, give reason (s):

……

……..

Degree Approved: ……..

Approving Officer's Signature: …….. Date: ……/……/20……