



ZANZIBAR HEALTH SERVICE FUND

ZHSF/Q01/01-.....

Tick appropriate (✓) New Renew Reinstatement

HEALTH FACILITY APPLICATION FORM

DETAILS OF HEALTH FACILITY

Name of Health Facility:

Facility Type: Government Private Parastatal Faith-Based Org

Facility Level:

Registration Number

Postal Address:

District:

Shehia:

Facility Email:

In charge Name:

Facility Phone number:

Tin Number:

SELF ASSESSMENT FOR THE SERVICES PROVIDED AT THE FACILITY

TYPE OF SERVICE	PLEASE TICK IF AVAILABLE
Emergency services	<input type="checkbox"/>
Outpatient services	<input type="checkbox"/>
Obstetric services	<input type="checkbox"/>
Inpatient services	<input type="checkbox"/>
Surgical services	<input type="checkbox"/>
Pharmaceutical services	<input type="checkbox"/>
Laboratory services	<input type="checkbox"/>
Radiology services	<input type="checkbox"/>
Paediatric and Neonatal services	<input type="checkbox"/>
Safety and Risk management	<input type="checkbox"/>
Specialized services	<input type="checkbox"/>
Oral and Dental services	<input type="checkbox"/>
Intensive care services	<input type="checkbox"/>
Renal dialysis	<input type="checkbox"/>
Rehabilitation services	<input type="checkbox"/>
Oncology services	<input type="checkbox"/>
Mental Health services	<input type="checkbox"/>
Others:	<input type="checkbox"/>

DECLARATION

I, Owner/Representative, hereby declare that the above information is correct to the best of my knowledge

Date

Sign

Office Stamp

FOR OFFICE USE ONLY

We hereby confirm that the application form is fully completed, and all the required documents have been attached and validated

Quality Assurance Officer

Sign

Date

Office Stamp

ATTACHMENTS

1. Copy of the license from the accreditation body (Ministry of Health)
2. Copy of Business registration name or Certificate of Business incorporation.
3. Copy of the Medical in charge certificate of registration by Zanzibar Medical Council
4. Copy of TIN certificate

NOTE

1. This application form shall be submitted to the ZHSF offices or through ZHSF email
"qualityassurance@zhsfsmz.go.tz"
2. The application fee is 10,000/= non refundable the payment shall be paid to the ZHSF account
Bank name: **PBZ**
Account name: **ZHSF OPERATION ACCOUNT**
Account number: **0855876001**
3. Once paid, the receipt shall be attached with this form upon submission.