

- In case one's performance is not satisfactory then the Institute authority may take action ranging from requiring the student to re-sit an examination to complete discontinuation from the Institute.
 - Not to reveal confidential reports of the patients or hospital during or after completion of one's studies.
 - To replace any Institute property damaged or destroyed by oneself and
 - To observe and respect the nursing and medical ethics, the Institute Constitution and the Hospital standing orders.
3. The Institute and the student mutually agree as follows:
- a) During the duration of this agreement each party may terminate this agreement by issuing a 21 days' notice to the other party, unless it is an act of great misconduct on the part of the student where further stay at the Institute endangers the rest of the Institute or hospital community. In such a case, 24hours notice will be given.
 - b) Any amendment or changes to this agreement shall be agreed by both parties and shall appear to this agreement as annexes.
 - c) Should there arise any complaint or dispute from either party, and then such a dispute shall be amicably settled by the parties through reconciliation by the Institute bodies as set out in the Institute Constitution and
 - d) This agreement will be governed by the Tanzania laws
4. In the event of any difference of opinion regarding the interpretation of any clause I the VIST Constitution or standing orders or any other regulations or by-laws, the decision of the Board of Trustees which is normally reasonably set and upholding the philosophy and mission for founding VIST will be final and binding.

I WITNESS WHEREOF the parties hereto have set their hands on the day and year first above written.

SIGNED for and on behalf of the said VIST by (the Institute)

Name _____

Signature _____ Position _____

P. O. Box 77594, Dar Es Salaam, **Tanzania**



SIGNED and delivered by (the STUDENT):

Name _____ Signature _____

First Name *Initial* *Surname*

House No _____ Name of Road / Street _____

Ward _____ District _____ P.O Box _____

City/Town/Village _____ Country _____

Telephone: Country & Area Code _____ No _____

Email ID _____

Witness to the above signature:

Name _____ Signature _____

Address _____

Tel No _____

Qualification: Notary Public

