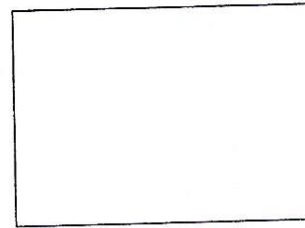


# MINISTRY OF EDUCATION AND SPORTS



## APPLICATION FOR SELECTION TO HEALTH TRAINING INSTITUTION

1. REF NO .....
2. ACADEMIC YEAR .....
3. COURSE APPLIED FOR:

1 <sup>ST</sup> CHOICE	2 <sup>ND</sup> CHOICE
------------------------	------------------------

4. Surname ..... other names(in full).....
5. SEX ..... AGE.....
6. Date of birth ..... Place of birth.....
7. Religious affiliation.....
8. Home district..... Citizenship.....
9. Permanent address.....
10. Tel. no..... Fax.....
11. Marital status ..... No. of children .....

### 12. UGANDA CERTIFICATE OF EDUCATION OR ITS EQUIVALENT.

Index No ..... Year of examination .....

Former school .....

***A photocopy of Uganda Certificate of Education or equivalent must attach.***

### 13. UGANDA ADVANCED CERTIFICATE OF EDUCATION OR IT'S EQUIVALENT.

Index No ..... Year of examination .....

Former school .....

***A photocopy of Uganda Certificate of Education or equivalent must be attached.***

### 14. DECLARATION.

I ..... declare that all information given on this form is correct

.....  
SIGNATURE OF APPLICANT

.....  
DATE

KULUVA SCHOOL OF NURSING AND MIDWIFERY

APPLICATION FORM FOR CERTIFICATE IN MIDWIFERY AND NURSE TRAINING COURSE.

(Tick where applicable)

NURSING

MIDWIFERY

APPLICATION NO \_\_\_\_\_

DATE: \_\_\_\_\_

Please complete the following particulars in your printing (BLOCK LETTERS).

FULL Name \_\_\_\_\_

Tribe: \_\_\_\_\_ Religion: \_\_\_\_\_

Home address: \_\_\_\_\_ Village: \_\_\_\_\_

\_\_\_\_\_ District: \_\_\_\_\_

County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address to be used during the few months: \_\_\_\_\_

\_\_\_\_\_

Single/Married. Age of children: \_\_\_\_\_

What is your rank in the family?: \_\_\_\_\_

Father/Mother/Guardian/Husband/Wife's name and address:

\_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile phone No.: \_\_\_\_\_

Occupation of Father/ Mother /Guardian/Husband/Wife's name and address:

**PRIMARY SCHOOL ATTENDED:**

Name of school	Date:	Standard Reached:	Agg.:	Div.:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Year of completion: \_\_\_\_\_

**SECONDARY SCHOOLS ATTENDED:**

Name of School	Date:	Standard Reached	Agg.:	Div.:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Year of completion: \_\_\_\_\_

O' LEVEL RESULTS	DISTINCTION	CREDIT	PASS	FAILURE	'A' LEVEL POINT&COMBINATION	
					SCIENCE	ARTS
ENGLISH						
MATHEMATICS						
CHEMISTRY						
BIOLOGY						
PHYSICS						
OTHERS						

**TOTAL AGGREGATE:** \_\_\_\_\_ **DIVISION** \_\_\_\_\_ **TOTAL POINTS:** \_\_\_\_\_

ANY OTHER SCHOOL/TRAINING QUALIFICATION

\_\_\_\_\_

\_\_\_\_\_

What is your present occupation/what have you been doing since you left school?

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

When your application has been considered you may be called for Entrance Examination and Interview on: \_\_\_\_\_

Send completed Application To: **The Registrar,**  
**Kuluva School Of Nursing and Midwifery,**  
**P.O.BOX 28,**  
**ARUA.**