

# KULUVA SCHOOL OF NURSING AND MIDWIFERY

## APPLICATION FORM FOR DIPLOMA IN NURSING COURSE

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

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

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

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

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

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

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

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

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

Phone No. \_\_\_\_\_

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

Father/Mother/Guardian/Husband/Wife's Name and Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

Occupation of Father/ Mother/Guardian/Husband/Wife: \_\_\_\_\_

### PRIMARY SCHOOLS 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

\_\_\_\_\_

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

When your application has been considered you may be called for Entrance Interview on:

\_\_\_\_\_

Send completed Application To: **The Registrar,**

**Kuluva School of Nursing**

**P.O. Box 28,**

**ARUA.**

Training Institution; \_\_\_\_\_ Date: \_\_\_\_\_ Qualification(s): \_\_\_\_\_

Employment Record:

\_\_\_\_\_

\_\_\_\_\_

Two Names of Referees:

i) \_\_\_\_\_

ii) \_\_\_\_\_