



LUBAGA HOSPITAL TRAINING SCHOOLS

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APPLICATION FORM

(Please Tick Appropriately)

Recent
Passport
Photo

Diploma in Nursing *Direct Entry (DN)* *Extension (DNE)* / **Midwifery** *Extension (DME)* *E-Learning (DMEL)*

/ Diploma Emergency Nursing **/ Laboratory Technology** *Direct Entry (DMLT)* *Extension (DMLT)*

Certificate in Nursing **/ Midwifery** **/ Laboratory Asst** **/ Theatre Asst**

Physiotherapy

Emergency Care Assistant

A Personal Details - Please Complete this Section in BLOCK CAPITALS

Title (Mr. Mrs. Miss)	Surname / Family Name	First Name	Gender (M/F)
Other Names (If Applicable)		Date of Birth (DD / MM / YY)	
Place of Birth (Village / Parish / Sub-county / Town)			
Home District	Parents' Name		
Current District of Residence	Father		
Religious Affiliation	Permanent Address		
Marital Status (Tick) Single <input type="checkbox"/> Married <input type="checkbox"/>	Occupation		
Number of Children (if any)	Telephone Number		
Nationality	Mother		
Permanent Address Box	Occupation		
Telephone Number	Telephone Number		
Email Address	Next of Kin / Guardian		
Disability / Special Needs	Telephone Number		
	Address		

B Academic and Professional Qualifications OR Equivalent**UGANDA CERTIFICATE OF EDUCATION (UCE) OR EQUIVALENT**

Year in which UCE was taken

Index Number

School Attended:

RESULTS**SUBJECTS****GRADE / MARKS OBTAINED**

Chemistry

Biology

Physics

Mathematics

English

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT

Year in which UACE was taken

Index Number

School Attended

RESULTS**SUBJECTS****GRADE / MARKS OBTAINED**

Chemistry

Biology

Physics

Mathematics

CERTIFICATE/DIPLOMA (NURSING/MIDWIFERY/LABORATORY)

Year of Qualification

Certificate Number

School/Institution Attended

NB: PLEASE ATTACH COPIES OF ALL YOUR PREVIOUS ACADEMIC QUALIFICATIONS**C ENDORSEMENT BY RECENT EMPLOYER / FORMER SCHOOL**

Name

Designation

Address

Telephone Number

Comment

Signature and Stamp

Date

D Please **Tick** the appropriate sponsorship.

Private

Organisation

If organisation, Which one?.....

E I, (Full Names)..... Solemnly

declare that the information given is true and correct to the best of my knowledge.

Signature of the Applicant:.....

Date:.....