



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

☐

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	

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:.....