



# 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 (DMLEL)  
 / **Diploma Emergency Nursing**  / **Laboratory Technology**  Direct Entry (DMLT)  Extension (DMLT) / **Physiotherapy**   
**Certificate in Nursing**  / **Midwifery**  / **Laboratory Asst**  / **Theatre Asst**  / **Emergency care**

### 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 Numder		Telephone Numder	
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

Organization

If organization, Which one? .....

**E** I, (Full Names)..... Solemnly declare that the information given is true and correct to best of my knowledge.

Signature of Applicant:.....

Date:.....