

BUGEMA

Main Campus

32km, Gayaza-Zirobwe Road

P.O Box 6529

Kampala, Uganda

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UNIVERSITY

Kampala Campus

2 miles Bombo Road

Between Total Petrol Station
& Makerere Yellow Primary Sch.

Muganzi-Awongerera Rd

P. O. Box 6529

Kampala, Uganda

Tel: +256 312 266 630/631

Application Ref. No: _____

OFFICE OF THE REGISTRAR

SCHOOL OF HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

APPLICATION FORM FOR DIPLOMA AND CERTIFICATE COURSES

Attach current
Passport - sized
Photograph here

NOTE:

Transcripts of both 'O' level and 'A' level result slips / certificates, other qualifications and birth certificates should be attached to this form. All academic records in a language other than English must be accompanied by a certified English translation. At registration, originals shall be required.

PLEASE FILL THIS FORM IN CAPITAL LETTERS

CHOICE OF INTAKE (Indicate if May OR November Intake)

CHOICE OF PROGRAMME:

Indicate your preference.

PROGRAMMES (Tick one)

Certificate in Nursing	
Certificate in Midwifery	
Diploma in Nursing	
Diploma in Midwifery	

SECTION 1.0: APPLICANT'S PERSONAL INFORMATION

Name: (use name on academic documents)		Surname:	
		Other Name:	
Gender:	Male:		
	Female:		
Date of Birth:	DD:	MM:	Y YYYY:
Nationality:			
Country of residence:			
Home District:			
Home Diocese:			
Religious Affiliation (if Christian, state denomination):			
Marital Status:	Single:		
	Married (Attach marriage certificate):		
	Others specify:		
	Type of marriage:		
	Name of spouse:		
	Number of children:		

1.1: DISABILITY

Do you have any disability? Yes No If yes, state the type of disability.

- Chronic Illness
- Physical Disability
- Impairment (Hearing, Speaking, Seeing, etc)
- Others

Briefly state nature of disability _____

1.2: APPLICANT'S CONTACT

Postal contact:	P.O. Box	Town:
	Country	
Telephone:		Email:

1.3: PARENTS/GUARDIAN'S INFORMATION

Give details of parents, Guardian and where applicable the sponsor

	Father/Legal Guardian	Mother/Legal Guardian	Sponsor (if applicable)
Name			
P.O. Box			
Town			
Telephone			
Email			

SECTION 1.4: EDUCATION BACKGROUND

1.4.A) Secondary Schools/Colleges/Special training taken (Give names, dates and qualifications)

Name and address of school/institution	From	To	Qualification

1.4.B) Secondary level Education

O” LEVEL		A” LEVEL – Must have a Principal Pass in both of the two subjects below.	
UNEB Number		UNEB Number	
Identity Card Number		Identity Card Number	
Scores in;		Scores in;	
English		Biology	
Mathematics		Chemistry	
Physics		Others (list)	
Chemistry			
Biology			
Aggregates			
Division			

1.4.C If you have been involved in sports activities, kindly list and attach your sports certificates.....

.....

1.4.D Positions of responsibility held (e.g.) Prefect, Sports Captain, e.t.c.....

.....

1.5: REFEREES

Give one name of one person in a responsible position from whom confidential information may be obtained about you if necessary.

Name:			
Nationality:			
Postal contact:	P.O. Box	Town:	
	Country		
Telephone:		Email:	

SECTION 2.0: EMPLOYMENT RECORD

Name and address of employer	Designation	From	To

SECTION 3.0 *(To be completed by an ordained Pastor or Priest or any other eminent Religious Leader).*

3.1 How long have you known the applicant?.....

3.2 What is your relationship to the applicant?.....

3.3 Please rate the applicant in each of the following areas

	Superior	Above Average	Average	Below average	Not Applicable
Ability to work with others					
Dependability					
Emotional stability					
Leadership					
Personal integrity					
Spiritual maturity					
Overall evaluation					

Name of Recommender:..... Title:.....

Institution:..... Phone:.....

Signature:.....

Date and Official Stamp.....

SECTION 4.0 *(To be completed by the LCI Chairperson).*

4.1 How long have you known the applicant?.....

4.2 What is your relationship to the applicant?.....

4.3 Please rate the applicant in each of the following areas

	Superior	Above Average	Average	Below average	Not Applicable
Ability to work with others					
Dependability					
Emotional stability					
Leadership					
Personal integrity					
Spiritual maturity					
Overall evaluation					

Name of Recommender:..... Title:.....

Village:..... Phone:.....

Signature:.....

Date and Official Stamp.....

SECTION 5.0 (To be completed by the Head teacher of your former school).

5.1 How long have you known the applicant?.....

5.2 What is your relationship to the applicant?.....

5.3 Please rate the applicant in each of the following areas

	Superior	Above Average	Average	Below average	Not Applicable
Ability to work with others					
Dependability					
Emotional stability					
Leadership					
Personal integrity					
Spiritual maturity					
Overall evaluation					

Name of Recommender:..... Title:.....

Institution:..... Phone:.....

Signature:.....

Date and Official Stamp.....

SECTION 6.0: DECLARATION

All cases of Impersonation, Falsification of Documents or giving False/Incomplete information whenever discovered either at registration or afterwards will lead to automatic CANCELLATION OF ADMISSION and prosecution in the Uganda Courts of Law.

Itruthfully declare that all the above provided information is correct & falsification of documents may lead to legal action.

Signature of Applicant:.....

FOR OFFICIAL USE ONLY

Interview Score Records: **Oral:**.....(%) and **Written:**.....(%). **Average Score:**.....(%)

Admitted - (Yes/No). If Yes Date:.....

Signature:.....

Principal Tutor