UGANDA NURSING SCHOOL BWINDI-UCU AFFILIATE
P.O. BOX 52 KANUNGU, UGANDA.

APPLICATION FORM FOR PRIVATE SPONSORSHIP

SECTION A

1. Surname: .................................................. Other Name ..................................................
   (Capital letters: The names entered must be those on UCE Result Slip and U.A.C.E. Entry
   Forms or any other Qualification already attained or birth Certificate, etc.)

2. Uganda Advanced Certificate of Education (UACE) or Equivalent
   (a) Year  .................. Index No:  Examining Authority: ..............................................

   UACE Subject | Results in each Paper | Overall Result | Points for Course
   | 1    | 2    | 3    | 4    | 5    | 6    |

3. Uganda Certificate of Education (UCE) or Equivalent
   Year ............... Index No: ..................... Examining Authority: .................................................
   Enter result grades (figures) for UCE in boxes below:

   ENG | EL | RE | H | G | POL | M | P | C | B | AM | MUS | CPC | FA | AGR | COM | MIM | WW

4. If offered qualifications other than UCE and UACE give details below. You may use a separate
   sheet of paper if more space is needed.

5. Secondary Schools Attended (Give names and dates)
   Date | Name of School/Institution | Qualification

6. Positions of Responsibility held (e.g. Prefect, Sports Captain, etc.)

7. For extension program only, give details of employment or course of study undertaken. (Use
   separate sheet of paper).

SECTION B  COURSE DETAILS (TICK THE COURSE OF YOUR CHOICE)

<table>
<thead>
<tr>
<th>Course</th>
<th>1st Choice</th>
<th>2nd Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma in Nursing (Direct Entry)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma in Nursing (Extension)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma in Midwifery (Extension only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate in Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate in Midwifery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION C: PERSONAL DETAILS

1. (i) Sex...................................... (ii) Age.............................
2. Date of Birth............................. 3 Place of Birth
4. District of Origin..........................
5. Citizenship (Please attach birth certificate) 6 Country of Residence ...........
7. Religious Affiliation (if any)......................
8. Marital Status ..............................
9 Permanent Address…………………………………………………………………………………………

10 Contact Address if different from (9) above,
Postal Address…………………………………………………………………………………………
………………………………………………………………………………………………………
10. Tel: .................. email: ..............................

SECTION D
1 Any physical or other disability that you would want to bring to the attention of the School authorities…………………………………………………………………………………………

2. Who will meet your study expenses and requirements, if admitted? (Please enclose evidence)…………………………………………………………………………………………

3. I declare that all the information I have given in this form is correct.

....................................................... .....................................................
Signature Date

Please Note:
1. Photostat copies of both ‘O’ and ‘A’ level result slips, certificates plus birth certificate must be attached to this form.

3. All fees are paid annually or per semester at the beginning of the academic year or semester and are subject to periodic review as thought appropriate by the School Authority.