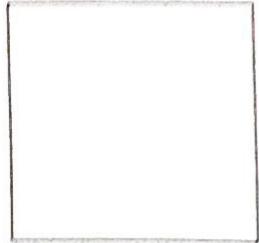


AGULE SCHOOL OF NURSING AND MIDWIFERY

Plot 316Pasia Road, P.O Box 216 Pallisa District

Tel: 0772 926259, 0785 933262, 0772492046

Email: agulenursingandmidwifery@gmail.com



APPLICATION FOR SELECTION TO HEALTH TRAINING INSTITUTE

COURSE: 1) Certificate in Enrolled Nursing
2) Certificate in Midwifery

- Reg. No:
- Academic year
- Course applied for
- Surname
- Other names (in full).....
- Sex.....Age.....
- Date of birthPlace of birth
- Religious affiliation.....Citizenship.....
- Personal Tel No.
- Home District
- Permanent Home Address.....
- Tel. No:Email.....

• Next of Kin

1. Father's name..... Tel No:.....
2. Mother's name Tel No:.....
Relationship with Next kin

3. Names of biological Siblings

- Age:Tel No.....
- Age:Tel No
- Age Tel No.
- Age Tel No.
- Age Tel No.

- Marital status.....No. of Children.....

• UGANDA CERTIFICATE OF EDUCATION (UCE) OR ITS EQUIVALENT

Index No..... Year of examination

School where obtained

A Photocopy of UCE grades or its equivalent must be attached.

(Please indicate grades obtained from Mathematics, English, Chemistry, Biology Physics and Geography or Agriculture)

Subject	Grades

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR ITS EQUIVALENT

Index No..... Year of examination
School where obtained

A Photocopy of UACE grades or its equivalent must be attached.

(Please indicate grades obtained from the subjects attempted at "A" level including general paper)

Subject	Grades

• DECLARATION

I declare that all information given on this form is correct about me to the best of my knowledge.

.....
Signature

.....
Date

"Education for a whole person"