



**MENGO HOSPITAL
 TRAINING SCHOOL**
 P.O. BOX 7161, KAMPALA, UGANDA
 Tel. No. 041-4-270222/3
 E-mail address: mengonts@yahoo.com
 labschool@mengohospital.org

*ATTACH
 PASSPORT SIZE
 PHOTOGRAPH*

**APPLICATION FORM FOR ENTRY INTO COURSES OFFERED AT
 THE TRAINING SCHOOL**

1. **COURSES** [indicate 1, 2, 3, etc. against the courses of your choice in order of preference]:

- | | | |
|--|------|--------------------------|
| Certificate in Nursing | i. | <input type="checkbox"/> |
| Certificate in Midwifery | ii. | <input type="checkbox"/> |
| Certificate in Medical Laboratory Techniques | iii. | <input type="checkbox"/> |
| Diploma in Medical Laboratory Technology | iv. | <input type="checkbox"/> |
| Diploma in Nursing | v. | <input type="checkbox"/> |
| Diploma in Midwifery | vi. | <input type="checkbox"/> |

2. **ACADEMIC YEAR FOR WHICH ADMISSION IS SOUGHT:**

NOTE: [a] This form must be submitted with an application fee of UGX 20,000 [Twenty thousand shillings only]:

- **LABORATORY APPLICANTS: Pay to DFCU BANK A/C No. 01013500011277, A/C name: MENGO HOSPITAL LABORATORY**
- **NURSING/MIDWIFERY APPLICANTS: Pay to BARCLAYS BANK A/C No. 6000549663 A/C name: MENGO HOSPITAL TRAINING SCHOOL**

[b] This form must be completed by all candidates who seek admission to this Institution.

3. PERSONAL INFORMATION

SurnameOther Names [in full]

Date of birth..... Sex.....

Marital Status..... No. of children.....

Nationality.....Tribe..... Religion.....

Place of Birth..... District..... County.....
 Sub-County.....Village.....Postal address.....
 Telephone No.E-mail address.....

4. ACADEMIC INFORMATION

UCE Index No..... Year of Examination.....

Subject												
Grade												

UACE Index No..... Year of Examination.....

Subject											
Grade											

5. ANY OTHER COURSE(S) ATTENDED

School/Institution	Year of Completion	Qualification

6. PARENTS’/GUARDIANS’ INFORMATION

Father’s Names.....
 Occupation.....
 Residential Address.....
 Postal Address.....
 Telephone No.Email.....
 Permanent Address.....

Mother’s Names.....
 Occupation.....
 Residential Address.....
 Postal Address.....

Telephone No. Email.....
Permanent Address.....

Guardian's Names.....
Occupation.....
Residential Address.....
Postal Address.....
Telephone No..... Email.....
Permanent Address.....

Name and address of the person/ Institution who will pay your fees.
.....
.....

7. DECLARATION BY THE APPLICANT:

I confirm that the information given on this form is correct to the best of my knowledge.

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

YOU ARE REQUIRED TO ATTACH PHOTOCOPIES OF:

- ✓ Your academic performance ['O' and 'A' level certified slips and certificates];
- ✓ Courses done and used for entry into higher programs (e.g., certificate courses in Nursing, Laboratory, etc. used for entry into diploma courses);
- ✓ Confidential report from your former school (certificate);
- ✓ Letter from your LC1 Chairman.
- ✓ Letter of Recommendation from Employer (Diploma Extensors)
- ✓ Copy of practicing license or renewal receipt (Diploma Extensors) ✓ Religious leader's letter and ✓ Birth certificate (certificate). ✓ Proof of payment of the application fee.

