



IGANGA SCHOOL OF NURSING AND MIDWIFERY

P.O. Box 418, Iganga

Tel: +256 782 633 253, +256 703-999 796, +256 200-903 340

Email: iganganursingschool@gmail.com

Website: www.igangaschoolofnursingandmidwifery.com

Attach, current
passport-sized
photograph here

APPLICATION FORM

ELIGIBILITY FOR APPLICANTS (ENTRY REQUIREMENTS)

CERTIFICATE PROGRAM	DIPLOMA EXTENSION PROGRAM
<ol style="list-style-type: none">1. You must have passed "O" Level in <i>English, Mathematics, Biology, Chemistry and Physics</i> at least with a pass obtained at the same sitting.2. "A" Level is an added advantage.3. Attach copies of both '<i>O' Level and 'A' Level</i> result slips/certificates, school Identity card photocopy, other qualifications and birth certificates should be attached to this form.	<ol style="list-style-type: none">1. Must have qualified as an Enrolled Nurse, Enrolled Midwife and or Enrolled Comprehensive Nurse from a recognized Institution.2. Must have a <i>pass slip</i> and a <i>Certificate</i> from the Uganda Nurses and Midwives Examinations Board (UNMEB).3. Must have a Certificate of Enrolment from the Uganda Nurses and Midwives Council (UNMC).4. Must have an experience of two (2) years in the field.5. Attach copies of both '<i>O' Level</i> result slips/certificates, Result slip from UNMEB, Certificate of completion from UNMEB, Certificate of Enrolment and Practicing License from UNMC, school Identity card, other qualifications and birth certificates should be attached to this form.

PLEASE FILL THIS FORM IN CAPITAL LETTERS

1. CHOICE OF INTAKE (Indicate January/July)

2. CHOICE OF CAMPUS (*Tick one (1) of your choice*)

i. Iganga Campus

ii. Ndejje Campus

3. CHOICE OF PROGRAMME (Tick one (1) program of your choice)

a) Certificate

- i. Nursing
- ii. Midwifery

(NB: Nursing Program is for BOTH Male and female students while Midwifery program is for ONLY female students)

b) Diploma Extension Program

- i. Nursing
- ii. Midwifery

4. APPLICANTS PERSONAL DETAILS

NAME	SURNAME:					
	OTHER NAME:					
GENDER	MALE:	<input type="checkbox"/>	FEMALE:	<input type="checkbox"/>		
DATE OF BIRTH	DAY:	<input type="checkbox"/>	MONTH:	<input type="checkbox"/>	YEAR:	<input type="checkbox"/>
NATIONALITY						
COUNTRY OF RESIDENCE						
HOME DISTRICT						
VILLAGE						
RELIGIOUS AFFILIATION (Specify denomination)						
EMAIL ADDRESS						
TELEPHONE CONTACT						
MARITAL STATUS	Single:					
	Married (Attach marriage certificate):					
	Others Specify:					
	Name of Spouse:					
	Number of Children:					

5. DISABILITY

(a) Do you have any disability

Yes No

(b) If yes, state the type of disability

Chronic illness

Physical disability

Impairment (Hearing, dumb (speaking), sight e.t.c)

Others

(c) Briefly state nature of disability;

6. FEES INFORMATION

a) Who is expected to pay your fees/tuition

i. Yourself

ii. Parent/Guardian

iii. Sponsors

b) Details of the person (s) responsible for fees payment

i) Name:

ii) Name:

Nationality:

Nationality:

Address:

Address:

Telephone contact:

Telephone contact:

Email:

Email:

7. i) INFORMATION ON PARENTS

FATHER

MOTHER

Surname:

.....

Other Names:

.....

Nationality:

.....

Town of residence:

.....

Village of residence:

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Postal Address:

.....

Telephone:

.....

Email:

.....

ii) DETAILS OF EMERGENCY CONTACT INFORMATION

a) Name:

Address:

Nationality:

Telephone contact:

Email:

Address:

b) Name:

Telephone contact:

Nationality:

Email:

8. EDUCATION BACKGROUND

i) Uganda Certificate of Education (UCE)

Index Number: Year of Completion:

SUBJECT	ENG	MATH	CHEM	PHY	BIO	BEST OTHER			
GRADES									

Attach a photocopy of the UCE Certificate or its equivalent (Strictly a photocopy of the Certificate or results slip must be attached).

ii) Uganda Advanced Certificate of Education (UACE)

Index Number: Year of completion:

SUBJECT					
GRADES					

Attach a photocopy of the UACE Certificate or its equivalent (Strictly a photocopy of the Certificate or results slip must be attached).

iii) Diploma Nursing Extension (DNE)/Diploma Midwifery Extension (DME)

Exam. Number: NSIN:

Year of Entry: Year of Completion:

SUBJECT COMBINATION	PAPER I	PAPER II	PAPER III	PAPER IV	OSPE/OSCE
GRADES					

SUMMARY OF GRADES

DISTINCTIONS	CREDITS	PASSES

(Please attach a photocopy of the result slip from UNMEB, UNMEB certificate, certificate of enrolment from UNMC and Practicing license from UNMC)

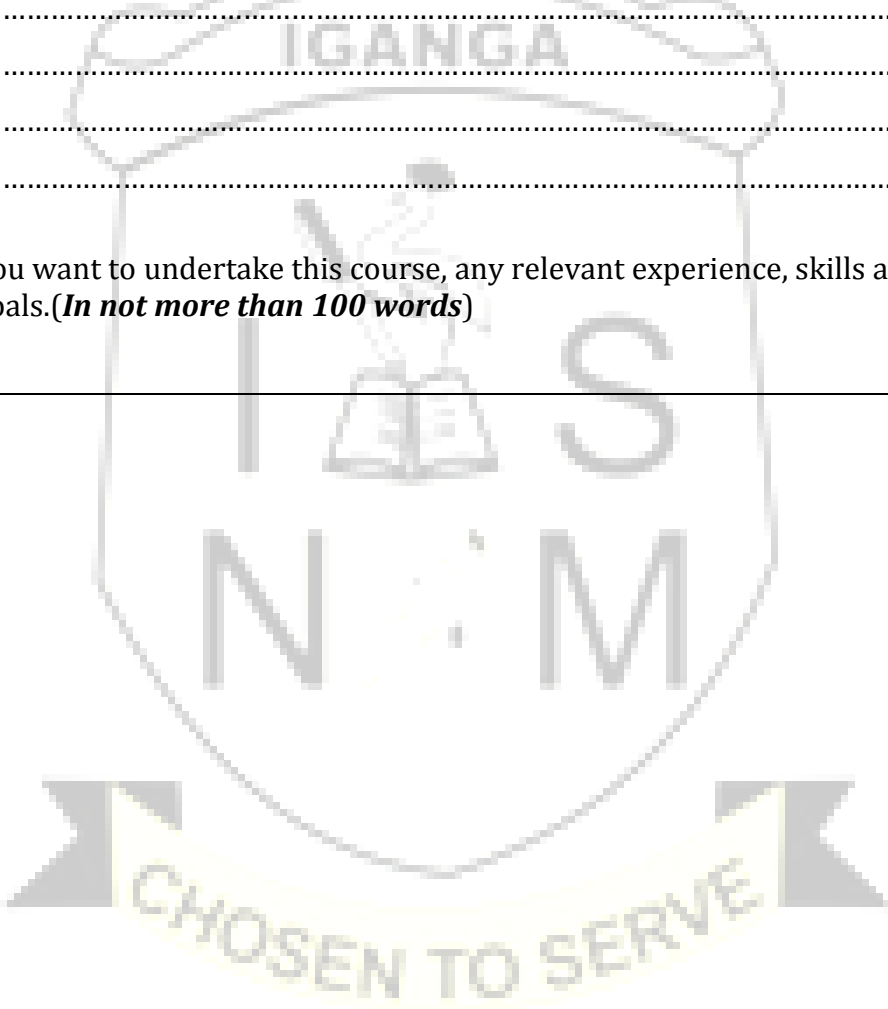
9. Have you taken part in any sports activities, kindly list and attach your sports certificate.

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10. State positions of responsibility held e.g. Prefect, Sports Captain, Counselor, Minister.

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11. State why you want to undertake this course, any relevant experience, skills and attributes and your long term goals. *(In not more than 100 words)*



12. It should be **NOTED** by all applicants that 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.

13. Declaration by the Applicant

I have noted and understood the implication of giving incorrect information. I confirm that the information given on this form, to the best of my knowledge is correct.

Name of applicant: IGANGA

Signature of Applicant: **Date:**

