



APPLICATION FOR JULY 2024 INTAKE

AVAILABLE PROGRAMS (Please tick appropriately in the box for the program applied for)

- CERTIFICATE IN NURSING – 2.5 YRS
- CERTIFICATE IN MIDWIFERY – 2.5 YRS
- DIPLOMA IN NURSING-DIRECT (+ Package In Obstetric Ultrasound Scan) – 3 YRS
- DIPLOMA IN NURSING- EXTENSION – 1.5 YRS
- DIPLOMA IN MIDWIFERY-EXTENSION – 1.5 YRS
- CERTIFICATE IN MEDICAL LABORATORY TECHNIQUES – 2 YRS
- DIPLOMA CLINICAL IN MEDICINE AND COMMUNITY HEALTH (+ Package In Obstetric Ultrasound Scan) – 3 YRS

HOW TO APPLY

1. Attach a current-coloured passport size photograph to the form
2. Attach a copy of bank payment slip or receipt of **35,000/=** (thirty-five thousand shillings only) admission fee. (Money should be paid in the name of the applicant).
3. Admission fees can be paid to the bank. **Name:** *Uganda Nursing School Bwindi*. **Account Number** *9030007597168 Stanbic Bank Kihihi Branch*. Or paid to accounts office (ROOM 1) at Bwindi Community Hospital.
4. A filled copy of application can be returned physically to the school, or can be scanned with all other attachments as one pdf document. The pdf document should be named as applicant's name and be sent to unswbwindi@gmail.com or uchsbwindi@gmail.com or admin@unswbwindi.ac.ug .
5. Applicants can download the **application form** from the schools' websites www.unswbwindi.ac.ug or www.uchsb.ac.ug
6. For enquiries, contact 0776,789,151 or 0392001,825.

FILL THIS FORM IN CAPITAL LETTERS ONLY



1.1 COURSE APPLIED FOR.....

1.2 NAME OF APPLICANT (as they appear on academic and other official documents)

Surname.....

Middle name.....

Last Name.....

1.3 OTHER PERSONAL DETAILS

Date of Birth (DD...MM.... YY)	
GENDER (male/female)	
RELIGION	
NATIONALITY	
BIRTH DISTRICT	
CURRENT ADDRESS <ul style="list-style-type: none"> • District • Sub-county • Parish • Village/Ward/Cell 	
MARITAL STATUS	
CONTACTS (PERSONAL) <ul style="list-style-type: none"> • Mobile phone number • E-mail address 	
Where married (FILL N/A if not applicable)	
Name of spouse	
Occupation of spouse	
Contact of spouse (phone and email where possible)	

1.4 PARENT OR GUARDIAN

NAME OF PARENT (NAME AND CONTACT)	
FATHER	
MOTHER	
WHO WILL PAY YOUR FEES? (Name and contact)	
PARENT	
SELF	
GUARDIAN/SPOUSE	
SPONSOR	

1.4 ENTRY REQUIREMENT (attach copies of your entry requirements to this form)

CERTIFICATE IN NURSING/MIDWIFERY

- a. Results slip for PLE, UCE pass slip or certificate or testimonial. Must have at least a pass in Chemistry, Biology, Physics, Mathematics and English.
- b. Attach Identity cards of schools attended.

DIPLOMA NURSING/MIDWIFERY EXTENSION

- a. PLE pass slip, UCE pass slip and certificate.
- b. UNMEB certificate or results slip
- c. Practicing licence/receipt from Uganda Nurses and Midwives council
- d. Identity cards from all schools attended.
- e. Attach all other professional documents

DIPLOMA NURSING –DIRECT

- a. PLE pass slip, UCE certificate and results slip
- b. UACE results slip or certificate or testimonial. (Must have a minimum of **a principal and a subsidiary pass** in either Biology or Chemistry).
- c. Identity cards from schools attended.

DIPLOMA CLINICAL MEDICINE AND COMMUNITY HEALTH

- a. PLE pass slip, Ordinary level certificate and results slip (must have passed with minimum of **Credit** in all science subjects)
- b. UACE results slip or certificate or testimonial. (Must have a minimum of **a principal pass in biology and chemistry** or
- c. Certificate in any related medical course
- d. Identity cards from schools attended.

CERTIFICATE IN MEDICAL LABARATORY TECHINIQUES

- a. Results slip for PLE, UCE pass slip or certificate or testimonial. Must have at least a pass in Chemistry, Biology, Mathematics and English.
- b. Attach Identity cards of schools attended.

DISCLAIMER

UNEB, UNMEB and UAHEB hold the right to verify academic documents. Any falsification or impersonation once discovered on admission or during the course will lead to automatic disqualification with no claims on school fees or any other money that will have been paid to the school. Also note that offences may be prosecuted by courts of law as deemed necessary.

DECLARATION

I confirm that the information given here is correct

Name

Signature of applicant.....

Date.....

THE END