



**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**

Surname ..... Other 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.

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#### **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.

