MEDICARE HEALTH PROFESSIONALS COLLEGE

Plot 975 Balintuma Road, Mengo. P.O.Box 16476, Kampala

Year ……..

Stick your photograph here.

Application Form

Complete this form in Block letters. Tick into appropriate boxes. (Ignore what is not applicable).Submit your Curriculum Vitae and photocopies of your certificates one month before the course begins.

Surname/family
Name:.....
Other Names:..... Religion:.....
Marital status:..... Sex:.....
Age:..... Date of Birth:.....
Birth registration No.....of..... Nationality:.....
Correspondence Address:.....
.....
Tel:..... Fax:.....
Email:.....

Next of Kin-Name:..... Relationship:.....
Address of Next of Kin:..... Tel:.....
Email:.....

Basic Education (Attach copies of certificates):
Place Award Date
"O" Level:.....
"A" Level:.....
Training:..... .....
Professional/Qualification:.....
.....
.....
Year:.....

Working experience	Employer	Position	Date
.....	.....	.....	.....
.....	.....	.....	.....

*Attach relevant documents.

Course applied For:
.....
Reasons For Application:
.....
.....
.....
Written / Spoken English:
Very good ☐ Good ☐ Fair ☐

Name and address of sponsoring Agency:
.....
.....
.....
.....

*Submit a copy of letter of award of sponsorship.
Referees:
Name:..... Position:.....
Address:.....

Name:..... Position:.....
Address:.....

Declaration and signature of candidate seeking admission:
I.....(name) declare that the information given on this form and in the attached curriculum vitae is correct. I confirm that if admitted and while at the college I will follow the instructions and adhere to the rules at the college.
Signature:.....
Employers comments /Head of school/ Head of Department:
.....
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.....
.....

Signature:.....