



Application Ref:.....

Attach current
Passport - sized
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**A CHURCH OF UGANDA INSTITUTION
MUKONO DIOCESE**

Kisowera, P.O. Box 47, Mukono, Uganda
Phone: 0772194849/ 0754989844/075989844
E-mail: mudisonamS@gmail.com
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OFFICE OF THE PRINCIPAL

APPLICATION FOR ADMISSION TO DIPLOMA PROGRAMMES..... (YEAR)

NOTE:

Transcripts copies of both 'O' level and 'A' level result slips / certificates, other qualifications and birth certificates should be attached to this form. All academic records in a language other than English must be accompanied by a certified English translation. At registration, originals shall be required.

PLEASE FILL THIS FORM IN CAPITAL LETTERS

CHOICE OF INTAKE (*Indicate if July/January Intake*)

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CHOICE OF PROGRAMME:

Indicate your preference.

DIPLOMA PROGRAMMES

| | |
|----------------------|--|
| Diploma in Nursing | |
| Diploma in Midwifery | |

SECTION 1.0: APPLICANT’S PERSONAL INFORMATION

| | | | |
|---|--|-------------|------|
| Name: (use name on academic documents) | | Surname: | |
| | | Other Name: | |
| Gender: | Male: | | |
| | Female: | | |
| Date of Birth: | DD: | MM: | YYY: |
| Nationality: | | | |
| Country of residence: | | | |
| Home District: | | | |
| Home Diocese: | | | |
| Religious Affiliation (if Christian, state denomination): | | | |
| Marital Status: | Single: | | |
| | Married (Attach marriage certificate): | | |
| | Others specify: | | |
| | Type of marriage: | | |
| | Name of spouse: | | |
| | Number of children: | | |

1.1: DISABILITY

Do you have any disability? Yes No If yes, state the type of disability.

- Chronic Illness
- Physical Disability
- Impairment (Hearing, Speaking, Seeing, etc)
- Others

Briefly state nature of disability _____

1.2. APPLICANT’S CONTACT

| | | |
|-----------------|----------|--------|
| Postal contact: | P.O. Box | Town: |
| | Country | |
| Telephone: | | Email: |

1.3: PARENTS/GUARDIAN’S INFORMATION

Give details of parents, Guardian and where applicable the sponsor

| | Father/Legal Guardian | Mother/Legal Guardian | Sponsor (if applicable) |
|-----------|-----------------------|-----------------------|-------------------------|
| Name | | | |
| P.O. Box | | | |
| Town | | | |
| Telephone | | | |
| Email | | | |

SECTION 1.4: EDUCATION BACKGROUND

1.4.1. *Secondary Schools/Colleges/Special training taken (Give names, dates and qualifications)*

| Name and address of school/institution | From | To | Qualification |
|--|------|----|---------------|
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1.4.2. Other professional qualifications (with dates)

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1.4.3. EMPLOYMENT RECORD

| Name and address of employer | Designation | From | To |
|------------------------------|-------------|------|----|
| | | | |
| | | | |
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| | | | |
| | | | |

1.5: REFEREES

Names and address of persons in responsible positions from whom confidential information may be obtained about you if necessary

(Please forward the attached Reference forms for them to fill.)

| | Referee One | Referee Two |
|--------------|-------------|-------------|
| Name: | | |
| P.O. Box | | |
| Town: | | |
| Nationality: | | |
| Telephone: | | |
| Email: | | |

SECTION 2.0:

(To be completed by an ordained Pastor or Priest or any other eminent Religious Leader)

3.1 How long have you known the applicant?.....

3.2 What is your relationship to the applicant?.....

3.3 Please rate the applicant in each of the following areas:

| | Superior | Above Average | Average | Below average | Not Applicable |
|-----------------------------|----------|---------------|---------|---------------|----------------|
| Ability to work with others | | | | | |
| Dependability | | | | | |
| Emotional stability | | | | | |
| Leadership | | | | | |
| Personal integrity | | | | | |
| Spiritual maturity | | | | | |
| Overall evaluation | | | | | |

Name of Recommender:..... Title:.....

Institution:..... Phone:.....

Signature:.....

Date and Official Stamp.....

SECTION 3.0 (To be completed by the LCI Chairperson)

4.1 How long have you known the applicant?.....

4.2 What is your relationship to the applicant?.....

4.3 Please rate the applicant in each of the following areas

| | Superior | Above Average | Average | Below average | Not Applicable |
|-----------------------------|----------|---------------|---------|---------------|----------------|
| Ability to work with others | | | | | |
| Dependability | | | | | |
| Emotional stability | | | | | |
| Leadership | | | | | |
| Personal integrity | | | | | |
| Spiritual maturity | | | | | |
| Overall evaluation | | | | | |

Name of Recommender:..... Title:.....

Village:..... Phone:.....

Signature:.....

Date and Official Stamp.....

SECTION 4.0 *(To be completed by the PNO/SNO of the hospital you are working from)*

5.1 How long have you known the applicant?

5.2 What is your relationship to the applicant?

5.3 Please rate the applicant in each of the following areas

| | Superior | Above Average | Average | Below average | Not Applicable |
|-----------------------------|----------|---------------|---------|---------------|----------------|
| Ability to work with others | | | | | |
| Dependability | | | | | |
| Emotional stability | | | | | |
| Leadership | | | | | |
| Personal integrity | | | | | |
| Spiritual maturity | | | | | |
| Overall evaluation | | | | | |

Name of Recommender: Title:

Hospital: Phone:

Signature:

Date and Official Stamp.....

SECTION 5.0: DECLARATION

All 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

Itruthfully declare that all the above provided information is correct & falsification of documents may lead to legal action.

Signature of Applicant:

SECTION 6.0 FOR OFFICIAL USE ONLY

6.1: Recommendation by the School (YES/NO) Meeting Date:

Minute:

6.2: Approved by the Admissions Board MeetingDate:

Minute:

Effective date of registration

Signature:

Principal

**APP 1: MUKONO DIOCESE SCHOOL OF NURSING AND MIDWIFERY SCIENCES
Academic Referee's Letter of Recommendation**

SECTION A: (to be filled by the Applicant).

Full Name of Applicant

Programme applied for

Name of Referee

SECTION B: (To be filled by the Referee)

Please write candidly about the applicant. You may use the other side of this form or attach a letter to this form.

Indicate how long and in what capacity you have known the applicant. Comment on the applicant's qualifications and potential for advanced study in the field specified as well as his/her promise of professional success.

In describing such attributes as motivation, intellect and maturity, please comment on both the strong and weak points.

In order to keep your comments confidential, we ask that you complete and sign this form, seal it in an envelope, sign along the sealed flap of the envelope and return it to the applicant to include with his or her other application materials.

1. I have known the applicant for a period of years.

2. She/he was/is(Form of relationship).

3. In my opinion the applicant's qualifications and potential for advanced study in the specified field is:

| <i>Tick as applicable</i> | |
|---------------------------|--|
| Excellent | |
| Very good | |
| Good | |
| Fair | |
| Poor | |

4. How do you rate the candidate on the following attributes: (tick as applicable)

| S/No. | Attribute | > 50% | 50-59% | 60-79% | 80 -100 |
|-------|-------------------------------|-------|--------|--------|---------|
| 1. | Maturity | | | | |
| 2. | Academic Ability | | | | |
| 3. | Intellectual Potential | | | | |
| 4. | Creativity and Originality | | | | |
| 5. | Motivation for advanced study | | | | |
| 6. | Writing skills | | | | |
| 7. | Inter-personal relations | | | | |

5. Do you recommend this applicant: (Tick as applicable)

| | | | |
|--------------------|--|----------------------------|--|
| Highly recommended | | Recommend with reservation | |
| Recommended | | Do not recommend. | |

Briefly explain why

.....
.....

6. Additional Comments

Please use the space below for additional information, if any, which you believe would be helpful in assessing the candidate's application advanced study.

6.1 Examples of Applicant's Intellectual abilities

.....
.....

6.2 Examples of Applicant's Strengths

.....

6.3 Comment on Moral and Leadership Qualities of the Applicant

.....
.....

7. Name of Referee

8 Address

Tel. No. Office Tel No (Mob)

E-mail address:

9. Position

10. Signature Date

**APP 2: MUKONO DIOCESE SCHOOL OF NURSING AND MIDWIFERY SCIENCES
Academic Referee's Letter of Recommendation**

SECTION A: (to be filled by the Applicant).

Full Name of Applicant

Programme applied for

Name of Referee

SECTION B: (To be filled by the Referee)

Please write candidly about the applicant. You may use the other side of this form or attach a letter to this form.

Indicate how long and in what capacity you have known the applicant. Comment on the applicant's qualifications and potential for advanced study in the field specified as well as his/her promise of professional success.

In describing such attributes as motivation, intellect and maturity, please comment on both the strong and weak points.

In order to keep your comments confidential, we ask that you complete and sign this form, seal it in an envelope, sign along the sealed flap of the envelope and return it to the applicant to include with his or her other application materials.

1. I have known the applicant for a period of years.

2. She/he was/is(Form of relationship).

3. In my opinion the applicant's qualifications and potential for advanced study in the specified field is:

| <i>Tick as applicable</i> | |
|---------------------------|--|
| Excellent | |
| Very good | |
| Good | |
| Fair | |
| Poor | |

4. How do you rate the candidate on the following attributes: (tick as applicable)

| S/No. | Attribute | > 50% | 50-59% | 60-79% | 80 -100 |
|-------|-------------------------------|-------|--------|--------|---------|
| 1. | Maturity | | | | |
| 2. | Academic Ability | | | | |
| 3. | Intellectual Potential | | | | |
| 4. | Creativity and Originality | | | | |
| 5. | Motivation for advanced study | | | | |
| 6. | Writing skills | | | | |
| 7. | Inter-personal relations | | | | |

5. Do you recommend this applicant: (Tick as applicable)

| | | | |
|--------------------|--|----------------------------|--|
| Highly recommended | | Recommend with reservation | |
| Recommended | | Do not recommend. | |

Briefly explain why

.....
.....

6. Additional Comments

Please use the space below for additional information, if any, which you believe would be helpful in assessing the candidate's application advanced study.

6.1 Examples of Applicant's Intellectual abilities

.....
.....

6.2 Examples of Applicant's Strengths

.....

6.3 Comment on Moral and Leadership Qualities of the Applicant

.....
.....

7. Name of Referee

8 Address

Tel. No. Office Tel No (Mob)

E-mail address:

9. Position

10. Signature Date

THANK YOU