



Uganda Nurses and Midwives Union

Form of Application for admission

Scholarship Programme for Upgrade of Qualified Nurses and Midwives to Diploma, Bachelors, Masters Degree and PHD Programmes

This form should be returned to the Uganda Nurses and Midwives Union by 01st February or 1st July of every year at 14:00hrs (2:00pm)

PLEASE USE BLOCK CAPITALS OR TYPE

1. PERSONAL DETAILS

Surname	Other names (in full as per Birth Certificate)
Title Ms/Miss/Mrs/Mr	Gender (Female/Male)

Detailed Home Address	
Email address	Email address (others)
Telephone Number (main phone)	Number for other mobile phones used
Date of Birth	Nationality
Place of Birth	Marital Status
Passport No/ID.	Expiry Date day / month / year

Do you have a disability? YES/NO (Please delete as appropriate)

If yes, what is the nature of your disability

2. EDUCATIONAL QUALIFICATIONS

Please give details of all school leaving/ college examination results, eg.

School Attended	Type of examination	Date From – To (MM/YY)	Subjects	Level Attended	Results/ Grade	Office use only

3. PROFESSIONAL QUALIFICATIONS (Tertiary Institutions)

Name of Institution	Professional Qualification	Registering Professional Body	Date of Entry/Award

Kindly add extra paper as necessary

4. EMPLOYMENT HISTORY

Employment experience
Please give details of your work experience commencing with the present post

Place of employment	Type (ward or department)	Post held/Title	Date of Employment	
			From (MM/YY)	To (MM/YY)

5. REFEREES (these persons should NOT be relatives, friends or neighbors)

Please give names and address of two referees from whom references may be obtained. The first referee should be your most recent employer, if applicable. The second must be able to provide an academic reference if applicable, otherwise a professional person with whom you are acquainted.		
1. Name	Position	Tel No.
Address		
E-mail	Fax No.	
Capacity in which you are known to the referee		
2. Name	Position	Tel No.
Address		
E-mail	Fax No.	
Capacity in which you are known to the referee		

6. ADDITIONAL INFORMATION

Please give any further information, which is relevant to your application, in particular, your reason for wishing to pursue the Programme. State what benefits you expect to gain, plus the attributes and abilities you possess relevant to the Programme.

7. PREFERENCES AND AREAS OF INTEREST

Please give your preferences for programme you may be interested in		
No.	Areas on Interest eg. nursing, midwifery, public health, health administration, education	Degree level eg. Masters or Bachelors
1		
2		
3		

PLEASE NOTE THAT THIS PROGRAMME IS FUNDED

If you receive an offer of a place in due course, it is made on the understanding that, in accepting, you agree to abide by the rules and regulations of the scholarship Programme. By signing the application form you are confirming your agreement to this.

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS COMPLETE AND CORRECT. I UNDERSTAND THAT MY APPLICATION FORM WILL BE WITHDRAWN IF AT ANY TIME IT IS FOUND TO BE INCORRECT.

SIGNATURE:

DATE:

PLEASE CHECK YOUR APPLICATION CAREFULLY TO ENSURE THAT ALL SECTIONS HAVE BEEN COMPLETED, OTHERWISE YOUR APPLICATION MAY NOT BE CONSIDERED.

YOU SHOULD RETURN THE COMPLETED APPLICATION FORM TO:

Uganda Nurses and Midwives Union Plot 6-10 Kira road, Mulago Kampala, Uganda
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