

## APPLICATION FORM FOR ADMISSION 2018/19

This form MUST be filled in **BLOCK CLEAR BLACK INK** and submitted to the office of the Registrar on the above address after payment of **20,000/-** application fees.

Please attach a recent passport size photograph

1. **APPLICANTS DETAILS** (Please write in block letters)

APPLICANT PERSONAL DETAILS									
First Name			Surname						
Other Name(s)			Date of Birth		DD..... MMM .....YYYY.....				
Gender		Male <input type="checkbox"/>			Female <input type="checkbox"/>				
Address		Postal			Physical				
Contacts	Home		Mobile		Fax				
Nationality									
Passport details (For International Applicants)			Number		Date of Issue				
			Place of Issue		Expiry Date				
Mobile		E-mail							
EMERGENCY CONTACT									
PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY									
Names									
Address		Postal			Physical				
Contacts		Home		Mobile		Fax			
Email									

2. **PROGRAMME DETAILS** (Programme applied for):

PROGRAMME e.g. Diploma in Paediatric Palliative Care (In BLOCK letters)	
a) First Choice	
b) Second Choice	
c) Third Choice	

3. (a) BRIEFLY state your expectations from the programme.

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....

(b) How will use the skills and knowledge acquired from the training?

- (i) .....
- (ii) .....
- (iii) .....

4. **EDUCATION BACKGROUND:**

**(I) ADVANCED LEVEL (UACE) RESULTS**

<b>A]</b>	<b>Name of School:</b>			
	<b>YEAR OF EXAMINATION:</b>		<b>INDEX NUMBER</b>	
	<b>GRADE</b>		<b>POINTS</b>	

**(II) ORDINARY LEVEL (UCE) RESULTS:**

<b>B]</b>	<b>NAME OF SCHOOL:</b>			
	<b>YEAR OF EXAM:</b>		<b>INDEX NUMBER:</b>	
	<b>GRADE</b>		<b>DIVISION</b>	

*(Attach copies of A-Level and O-Level certificates or their equivalent for foreign Applicants)*

**OTHER QUALIFICATIONS ATTAINED:**

<b>C]</b>	NAME OF INSTITUTION(S) ATTENDED	DATES		QUALIFICATION OBTAINED
		FROM	TO	
a)				
b)				
c)				
d)				

**CONFERENCES/SEMINARS/WORKSHOPS ATTENDED IN THE LAST 5 YEARS**

<b>D]</b>	SEMINAR/CONFERENCE ATTENDED	YEAR	DURATION	TICK IF MUG COURSE
<b>A)</b>				
<b>B)</b>				
<b>C)</b>				
<b>D)</b>				

*(Please attach photocopies of your Academic Testimonials)*

