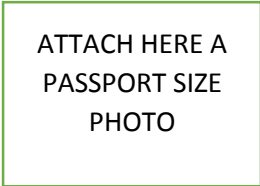


**ALICE ANUME MEMORIAL SCHOOL OF NURSING & MIDWIFERY
P.O. BOX 07 PALLISA, UGANDA.
APPLICATION FORM FOR PRIVATE SPONSORSHIP**



SECTION A

1. Surname:.....Other Name

(Capital letters: The names entered must be those on UCE Result Slip and U.A.C.E. Entry Forms or any other Qualification already attained or birth Certificate, etc.)

2. Uganda Advanced Certificate of Education (UACE) or Equivalent
(a) Year Index No: Examining Authority:

UACE Subject	Results in each Paper						Overall Result	Points for Course
	1	2	3	4	5	6		

3. Uganda Certificate of Education (UCE) or Equivalent
Year Index No: Examining Authority:.....

Enter result grades (figures) for UCE in boxes below:

ENG	MTC	BIO	CHE	PHY	HIS	GEO	LIT	KISW	ENT	COM	FA	TD	RE	AGR	COMP	COMM	MUSIC

4. If offered qualifications other than UCE and UACE give details below. You may use a separate sheet of paper if more space is needed.

.....

.....

5. Secondary Schools Attended (Give names and dates)

Date	Name of School/Institution	Qualification

6. Positions of Responsibility held (e.g. Prefect, Sports Captain, etc.)

7. **For extension program only**, give details of employment or course of study undertaken. (Use separate sheet of paper).

SECTION B COURSE DETAILS (TICK THE COURSE OF YOUR CHOICE)

course	1 st choice	2 nd choice
Diploma in Nursing(Direct Entry)		
Diploma in Nursing (Extension)		
Diploma in Midwifery (Extension only)		
Certificate in Nursing		
Certificate in Midwifery		

SECTION C: PERSONAL DETAILS

- 1 (i) Sex..... (ii) Age.....
- 2. Date of Birth.....
- 3 Place of Birth
- 4. District of Origin.....
- 5 Citizenship (Please attach birth certificate)
- 6 Country of Residence
- 7 Religious Affiliation (if any).....
- 8. Marital Status
- 9. Permanent Address.....
- 10. Contact Address if different from (9) above,
Postal Address.....
.....
- 11. Tel: email:

SECTION D

- 1. Any physical or other disability that you would want to bring to the attention of the School authorities.....
- 2. Who will meet your study expenses and requirements, if admitted? (Please enclose evidence).....
- 3. I declare that all the information I have given in this form is correct.
.....

Signature **Date**

Please Note:

- 1. Photostat copies of both 'O' and 'A' level result slips, certificates plus birth certificate must be attached to this form.
- 3. All fees are paid annually or per semester at the beginning of the academic year or semester and are subject to periodic review as thought appropriate by the School Author

