

ACCESS HEALTH TRAINING INSTITUTE
SCHOOL OF NURSING & MIDWIFERY-NAKASEKE



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REG. NO.....

APPLICATION FORM FOR TRAINING AS CERTIFICATE

NURSE/ MIDWIFE

COURSE APPLIED FOR: Nurse Midwife

1. First Name.....Other names.....
2. Age..... Date of Birth.....
3. Sex: Female Male
4. Marital Status.....
5. Contact.....
6. Parents
Name of the father.....Contact.....
Name of the mother.....Contact.....
Name of the guardian (if no parent).....Contact.....
7. Home address
 - a. Village.....
 - b. Parish.....
 - c. Sub County.....
 - d. County.....
 - e. District.....
8. Religion.....
9. **Education standard**
 - a. O' Level
School attended.....

O' Level Results

English	
Maths	
Physics	

Chemistry	
Biology	

- b. A Level and results if any.....
- 10. a. Occupation since leaving school.....
- b. Place of work.....
- 11. Give two reasons for choosing to train as a Nurse/ Midwife.
 - a.....
 - b.....
- 12. Who will be responsible for your tuition?
 - a. Name.....b. Relationship.....
 - c. Sources of his/ her income.....
- 13. Referees (important people who are prepared to give you reference (not relatives)
 - 1.....contact.....
 - 2.....contact.....

14. Declaration

I, the undersigned, to the best of my understanding, declare that the information given above is true.

Signed

Name of applicant.....

Signature.....

Date.....

FOR OFFICE USE ONLY

Registration number.....

Recorded by

Name..... Signature.....

Date.....