



GLENZ DIGNITY

SCHOOL OF HEALTH SCIENCES

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...Bringing Dignity to Africa's Health...

APPLICATION FORM FOR ADMISSION INTO CERTIFICATE IN NURSING **OR** MIDWIFERY

Academic Year: _____ Application No.: _____ (For Official Use Only)

SECTION A: PERSONAL INFORMATION

Full Name (in capital letters): _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Age: _____

(Note: Applicant must be at least 18 years old at the time of admission)

Nationality: _____ District of Origin: _____

Sub-county: _____ Parish: _____

National ID Number (NIN): _____

Phone Number: _____ Alternative Contact: _____

Email Address (if any): _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Next of Kin Name: _____

Relationship: _____ Phone Contact: _____

SECTION B: PROGRAM APPLIED FOR

☐ Certificate in Nursing ☐ Certificate in Midwifery

(Note: Applicants are eligible for only one program per intake).

Limited bursaries exist for the first 50 qualifying applicants.

SECTION C: ENTRY REQUIREMENTS (MANDATORY)

- Must be 18 years or older at the time of admission.

For New Lower Secondary Curriculum (UCE):

- Minimum Grade 'C' in Biology, Chemistry, and Physics

- Minimum Grade 'D' in English and Mathematics

For Old Curriculum (UCE):

- Must have pass grades in Biology, Chemistry, Physics, Mathematics, and English

Attach a copy of your UCE result slip or testimonial and indicate your grades below:

Subject

Grade Received

Biology

Chemistry

Physics

Mathematics

English

UCE Index Number: _____ Year of Completion: _____

Curriculum Type: ☐ New Curriculum ☐ Old Curriculum

SECTION D: EDUCATIONAL BACKGROUND

Level of Education	Name of School	Year From – To	Qualification	Grade/Result
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SECTION E: HEALTH STATUS

1. Do you have any chronic illness or disability? ☐ Yes ☐ No

If Yes, please specify: _____

2. Are you physically fit to undertake clinical training and practical sessions? ☐ Yes ☐ No

SECTION G: DECLARATION

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that giving false information may lead to disqualification.

Applicant's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Application Received By: _____ Date: _____

Application Fee Paid: ☐ Yes ☐ No Amount: UGX _____ Receipt No: _____

Admitted to: ☐ Certificate in Nursing ☐ Certificate in Midwifery

Admission Number: _____

Remarks: _____

Admissions Officer's Signature: _____ Date: _____