



## APPLICATION FOR JULY 2025 INTAKE

**AVAILABLE PROGRAMS (Please tick appropriately in the box for the program applied for)**

- CERTIFICATE IN NURSING – 2.5 YRS
- CERTIFICATE IN MIDWIFERY – 2.5 YRS
- DIPLOMA IN NURSING-DIRECT (+ Package in Obstetric Ultrasound Scan) – 3 YRS –(On Partial Scholarship )
- DIPLOMA IN NURSING- EXTENSION – 1.5 YRS
- DIPLOMA IN MIDWIFERY-EXTENSION – 1.5 YRS

### HOW TO APPLY

1. Attach a current-coloured passport size photograph to the form
2. Attach a copy of bank payment slip or receipt of **35,000/=** (thirty-five thousand shillings only) admission fee. (Money should be paid in the name of the applicant).
3. Admission fees can be paid to the bank. **Name: Uganda Nursing School Bwindi. Account Number 9030007597168 Stanbic Bank Kihihi Branch.**
4. A filled copy of application can be returned physically to the school, or can be scanned with all other attachments as one pdf document. The pdf document should be named as applicant's name and be sent to [unswindi@gmail.com](mailto:unswindi@gmail.com) or [uchsbwindi@gmail.com](mailto:uchsbwindi@gmail.com) or [admin@unswindi.ac.ug](mailto:admin@unswindi.ac.ug) .
5. Applicants can download the **application form** from the schools' websites [www.unswindi.ac.ug](http://www.unswindi.ac.ug) or [www.uchsb.ac.ug](http://www.uchsb.ac.ug)
6. For enquiries, contact 0776,789,151 or 0392001,825.

**FILL THIS FORM IN CAPITAL LETTERS ONLY**

1.1 COURSE APPLIED FOR.....

1.2 NAME OF APPLICANT (as they appear on academic and other official documents)

Surname.....

Middle name.....

Last Name.....



**1.3 OTHER PERSONAL DETAILS**

Date of Birth (DD...MM.... YY)	
GENDER (male/female)	
RELIGION	
NATIONALITY	
BIRTH DISTRICT	
CURRENT ADDRESS <ul style="list-style-type: none"> <li>• District</li> <li>• Sub-county</li> <li>• Parish</li> <li>• Village/Ward/Cell</li> </ul>	
MARITAL STATUS	
CONTACTS (PERSONAL) <ul style="list-style-type: none"> <li>• Mobile phone number</li> <li>• E-mail address</li> </ul>	
<b>Where married (FILL N/A if not applicable)</b>	
Name of spouse	
Occupation of spouse	
Contact of spouse (phone and email where possible)	

**1.4 PARENT OR GUARDIAN**

NAME OF PARENT (NAME AND CONTACT)	
FATHER	
MOTHER	
<b>WHO WILL PAY YOUR FEES? (Name and contact)</b>	
PARENT	
SELF	
GUARDIAN/SPOUSE	
SPONSOR	

**1.4 ENTRY REQUIREMENT (attach copies of your entry requirements to this form)**

**CERTIFICATE IN NURSING/MIDWIFERY**

- a. Results slip for PLE, UCE pass slip or certificate or testimonial. Must have passed core subjects i.e Chemistry, Biology, Physics, Mathematics and English.
- b. Attach Identity cards of schools attended.
- c. Must be 18 years and above

**DIPLOMA NURSING/MIDWIFERY EXTENSION**

- a. PLE pass slip, UCE pass slip and certificate.
- b. UNMEB certificate or results slip
- c. Practicing licence/receipt from Uganda Nurses and Midwives council
- d. Identity cards from all schools attended.
- e. Attach all other professional documents

**DIPLOMA NURSING –DIRECT**

Must have passed:

- a. PLE with pass slip
- b. UCE with passes in English, Mathematics, Biology, Chemistry, Physics in the same sitting
- c. UACE with **Principal Pass in Biology and a subsidiary pass in Chemistry or a Principal Pass in Chemistry and a subsidiary pass in Biology and another subsidiary pass in any other science subject in same sitting**).
- d. Identity cards from schools attended.

**DISCLAIMER**

UNMEB holds the right to verify academic documents. Any falsification or impersonation once discovered on admission or during the course will lead to automatic disqualification with no claims on school fees or any other money that will have been paid to the school. Also note that offences may be prosecuted by courts of law as deemed necessary.

**DECLARATION**

I confirm that the information given here is correct

Name .....

Signature of applicant.....

Date.....

**THE END**

**(IN THE PROCESS TO TRANSITION TO AFRICAN UNIVERSITY OF SCIENCE AND MANAGEMENT)**