

CHURCH OF UGANDA

KAGANDO SCHOOL OF NURSING AND MIDWIFERY

Private Bag
Kasese, Uganda
Email: kagandonursingschool@yahoo.com
Office: 0777-449935
Principal: 0772-974587



Admissions Office: 0779-592506
Academic Registrar: 0782-770952
Website: www.ksnm.ac.ug

APPLICATION FORM FOR ADMISSION AT KAGANDO SCHOOL OF NURSING AND MIDWIFERY

INSTRUCTIONS

1. Read each item carefully before filling in any information
2. Complete all appropriate sections in capital/block letters
3. Attach 1 current colored passport size photograph of applicant on this form
4. Attach copy of a cash payment school receipt to show that you paid application fee of 40,000=only payable to school bursar of Kagando School of Nursing and Midwifery or you can pay by bank on our school acc: **9030006330265, Acc name: Kagando Hospital School nurses.** STANBIC BANK, Kasese branch (but you can pay from wherever you are)
5. Return this form to school reception when fully filled or send back a fully filled form to email address: kagandonursingschool@gmail.com or kagandonursingschool@yahoo.com
6. For any inquiries, feel free to call: 0779592506 or 0782770952 or 0777449935

PLEASE FILL THIS FORM IN CAPITAL LETTERS

APPLICANTS PERSONAL DETAILS

1.1 NAME OF APPLICANT (As it appears on your Academic Documents)

Sur Name.....

Other Names.....

1.2 NAME OF COURSE APPLIED FOR.....

(CERTIFICATE IN NURSING, CERTIFICATE IN MIDWIFERY, DIPLOMA IN NURSING, DIPLOMA IN MIDWIFERY, BACHELOR OF SCIENCE IN NURSING)



1.3 OTHER PERSONAL DETAILS (Please fill in the adjacent space appropriately)

Gender(Male or Female)	
Date of birth(DD: MM: YYYY):	
Nationality	
Country of residence	
Home District	
Home Sub county/Town Council	
Parish/Ward	
Home Village/Cell	
Religion (Be specific)	
Name of Home Diocese	
Marital Status (Single or Married)	
Personal Telephone Numbers	
Other Telephone Numbers (in case yours is not available)	
Email address (if you have)	

If married, fill the table below

Name of spouse	
Occupation of spouse	
Telephone of spouse	
Current address of spouse	

1.4 ABOUT YOUR PARENTS/GUARDIANS

	Father/ Guardian	Mother/Guardian	Sponsor(If applicable)
Names			
Occupation			
Telephone numbers			

SECTION 2: EDUCATION BACKGROUND:

1. If applying for a certificate course; please attach; a copy of your P.7 result slip, O' level result slip and or testimonial and O' level certificate (if you completed some years ago), copies of your secondary school identity cards, copy of your National I.D (if you have one)
2. If applying for a Diploma Direct course; please attach; a copy of your P.7 result slip, O' level result slip, O' level certificate, A' level result slip and or testimonial, copies of your previous secondary school identity cards, copy of your National I.D (if you have one)
3. If applying for a Diploma Extension or Bachelor course; please attach; a copy of your O' level result slip, O' level certificate, A' level result slip and certificate (where applicable), copy of your National I.D, previous schools IDs, copies of all your professional documents; I.Ds,



transcripts, testimonials, result slips, certificates and nursing council licenses and copies of your previous secondary schools identity cards

2. RELIGIOUS FOUNDATION:

- I. Members applying to join this school should be aware that this School belongs to the religious denomination **of the Anglican Church of Uganda** whose principles, core value, rites and practices need to be held in respect by all students.
- II. Other Religious denomination practices are allowed only if compatible with those of the Anglican faith and the programs of this school/Hospital.

3. PROCEDURES FOR ADMISSION:

- I. Applicants shall be informed via phone call, SMS, Whatsapp or email about the admission details
- II. If admitted, the applicant shall physically pick the admission letter on the date specified from the school administration; or the copy of admission letter shall be sent to the applicant upon request via Whatsapp or email. Then the student shall take responsibility to obtain his/her original admission letter from admissions office upon arrival at school.
- III. Applicants may download the application form on the school website: www.ksnm.ac.ug

NOTE: All cases of impersonation, falsification of documents or giving false information whenever discovered either on admission or afterwards will lead to automatic **CANCELLATION OF ADMISSION** and possible prosecution in the courts of law.

4. DECLARATION:

I have noted and understood the implication of incomplete/incorrect information. I confirm that all the information I have given in this form is correct.

Signature of Applicant..... Date

5. FOR OFFICIAL USE ONLY:

APPLICATION NO. DATE RECEIVED: DD.....MM.....YY..... RECEIPT NO.....

RECOMMENDATION BY ADMISSION OFFICE.....

.....

ADMISSION NO. MINUTE NO. DATE.....

CHAIRPERSONS NAME.....SIGN AND STAMP.....





KAGANDO SCHOOL OF NURSING AND MIDWIFERY

GENERAL RECEIPT

Private Bag,
Kasese - Uganda

No.

9490

RECEIVED with thanks from

Date:

19/04/2022

The sum of shillings

Mbagahe Ronald
forty thousand only

Being payment of

fee Application fee

Cash/Cheque No.

ASSIST. BURSAR

Balance

Shs.

40,000=

With Thanks

Signature

For, Kagando School of Nursing & Midwifery

