



ST. MARY'S HOSPITAL LACOR HEALTH TRAINING INSTITUTE

P.O. BOX 180

GULU

Tel. 0471432310

E-mail: info.lacortrainingschools@lacorhospital.org

Attach a
recent
coloured pass
port size
photograph

Our Ref:

Your Ref:

Please tick the course applying for:

Certificate in Nursing , Certificate in Midwifery , Certificate in Medical Theatre Technique ,
Certificate in Medical Laboratory Technique , Diploma in Nursing , Diploma in Midwifery ,
Diploma in Medical Laboratory Technology

A) PERSONAL INFORMATION

Name of applicant (Use name on the academic documents)	Surname		First Name		Other Names	
Date of Birth	DD		MM		YY	
Religion affiliation						
Tribe						
Gender						
Place of Birth						
Home Address						
Postal Address (NOT Post Address of Former School)						
Village						
Parish						
Sub-County						
County						
District						
Nationality						
Marital Status, please Tick appropriately	Single	Married	Widow	Widower		

Place of Residence							
Village							
Parish							
Sub-County							
County							
District							
Mother's Name					Phone No.		
Occupation							
Father's Name					Phone No.		
Occupation							
Village							
Parish							
Sub-County							
County							
District							
Name of Guardians					Phone No.		
Name of Spouse where applicable					Phone No.		
Number of your Children		Below 1Yr	2-5 Yrs	6-8 Yrs	9-12 Yrs	13-15 Yrs	Above 15 Yrs
Indicate number in this row							
Who will take care of them in your absence							
Who will pay your Fees (Please tick where appropriate)		Self <input type="checkbox"/>	Organisation <input type="checkbox"/>	District <input type="checkbox"/>	Hospital <input type="checkbox"/>		

B. EDUCATION BACK GROUND

Primary School Attended					
From	To	Name of School (s) attended		Responsibility held	
Subject	English	Mathematics	Science	Social Studies	Aggregate
Grade					
O Level school attended					
From	To	Name of School (s) attended		Responsibility held	

If passed Uganda Certificate of Education (UCE), please indicate the subjects and grade where applicable					
Subject	English	Mathematics	Biology	Chemistry	Physics
Grade					
A Level School attended					
From	To	Name of School (s) attended		Responsibility held	
If sat for Uganda Advance Certificate of Education (UACE), please indicate the subject and grade/points					
Subject					Points
Grade					

C. DIPLOMA (extensors) ONLY

Previous Schools for Extensors only			
From	To	Name of School	Contact person
Employment Record			
From	To	Hospital/ Health Centre	Responsibility held
Indicate how to be accommodated	Residence <input type="checkbox"/>		Non Residence <input type="checkbox"/>

D. HEALTH STATUS

Do you have any chronic Health condition? YES or NO

If yes, specify-----

E. CONTACT PERSONS

Name of LC I		Contact
Name of Parish Priest / Pastor/Khadi		Contact
Referees		
1.		Contact
2.		Contact
3.		Contact

F. DECLARATION

I Applicant confirms that the information given on this application form is correct.

Applicant’s Telephone contact.....

Applicant National Identification Number (NIN)

Signature of Applicant -----Date-----

This form must be completed and having attached credentials and other supporting documents; and should be submitted to the Office of Academic Registrar before date of interviews.

PLEASE ATTACH THE FOLLOWING

1. Recommendation from the Head Teacher/Principal of your previous School or place of work
2. Photo copies of result Slips/ Certificates.
3. Photo copies of Your Identity Cards
4. Three recent coloured pass port size photograph (please do not put used photos)
5. Introduction letter from your area LC 1 chairperson
6. Photo copy of your Birth certificate.
7. Recommendation from your Parish Priest/Pastor/Khadi.
8. Photocopy of the parents’/guardian’s National Identification Number (NIN)
9. Photocopy of vaccination card/certificate for Covid-19

Please DO NOT write in the space below (For Registry only)

Self-sponsored	
Sponsored by an organization	
Application number	
Course applied for	
Date received	

Signature:

1. Academic Registrar-----Date-----

Tel. Contact: 0772646113

2. Principal -----Date-----

Tel. Contact: 077247663

Calls must be made during official working hours only (8.30 am to 5.00 pm), Monday-Friday