

**SYNERGY INSTITUTE OF NURSING AND ALLIED HEALTH PROFESSIONS
(SINAHP)**

P.O BOX 980414 Kajjansi,

Tel:

Namulanda, Entebbe Road, Uganda

Email: admissions@sinahp.ac.ug

Website: www.sinahp.ac.ug

APPLICATION FOR ADMISSION

ACADEMIC YEAR _____

TO BE COMPLETED BY THE APPLICANT

NOTE:

This form must be submitted with evidence of payment of an application fee of 30,000 UGX.

PART I - PERSONAL DETAILS

1. Full Names (No initials, in capital letters)

Field	Information
a) Surname:	_____
b) Other Names:	_____
c) Sex (tick):	<input type="checkbox"/> Male <input type="checkbox"/> Female
d) Date of Birth (DD/MM/YY):	_____
e) Nationality:	_____
(Attach a copy of the birth certificate)	
f) Home District:	_____
g) Home County:	_____
h) Sub-county:	_____
i) Parish:	_____
j) Village:	_____

2. COURSE APPLIED FOR (tick one)

- | Course | Tick |
|-------------------------|--------------------------|
| a) Enrolled Nursing | <input type="checkbox"/> |
| b) Enrolled Midwifery | <input type="checkbox"/> |
| c) Diploma in Nursing | <input type="checkbox"/> |
| d) Diploma in Midwifery | <input type="checkbox"/> |

3. Uganda Certificate of Education (UCE) or its equivalent

Subject Phy Chem Bio Eng Math
Grade _____

Index No.: _____
Year of Examination: _____
Grade: _____

4. SCHOOLS ATTENDED

Level	Year of Completion	Name of School	Award	Grade
Primary	_____	_____	_____	_____
O` Level	_____	_____	_____	_____
A` Level	_____	_____	_____	_____
Tertiary Institution	_____	_____	_____	_____
Others	_____	_____	_____	_____

PART II - OTHER PERSONAL INFORMATION

4. Other personal information

Field	Information
a) Permanent Address:	_____
b) Emergency Contact Address:	_____
c) Telephone Number:	_____
d) Email Address:	_____

5. INFORMATION ON PARENTS

Information	Father	Mother
Name	_____	_____
Village of Birth	_____	_____
Sub-county	_____	_____
District of Birth	_____	_____
Address	_____	_____
Telephone Number	_____	_____

6. INFORMATION ON GUARDIAN (IF APPLICABLE)

Field	Information
Guardian's Name:	_____
Address:	_____
Occupation:	_____
Telephone Numbers:	_____

7. Position of Responsibility Held While at Former School

8. References

Information	1st Person	2nd Person
Name	_____	_____
Address	_____	_____
Telephone Number	_____	_____
Relationship with You	_____	_____

PART III - HEALTH

Do you have any sight, mental, hearing, communication/language, respiratory, or health problems?

(tick where applicable)

Field Information

Yes

No

If any, please state below:

PART IV - CO-CURRICULAR ACTIVITIES

Do you participate in any of the following activities? (please tick the activity you are talented in)

- | Activity | Tick |
|-------------------|--------------------------|
| Football | <input type="checkbox"/> |
| Netball | <input type="checkbox"/> |
| Volleyball | <input type="checkbox"/> |
| Basketball | <input type="checkbox"/> |
| Athletics | <input type="checkbox"/> |
| Drama | <input type="checkbox"/> |

PART V - DECLARATIONS

9. Declaration by the Applicant

I have noted and understood the implications of giving incorrect information and I confirm that the information given on this form is, to the best of my knowledge, correct.

Signature of the Applicant: _____

Date: _____

10. How did you know about Synergy Institute of Nursing and Allied Health Professions (SINAHP)?

11. Any Comments

NOTE:

1. FIND SCHOOL PAY SLIPS AT BANK (.....BRANCH) OR AT THE SCHOOL BURSAR'S OFFICE.
2. ATTACH PHOTOCOPIES OF YOUR ACADEMIC DOCUMENTS.
3. ATTACH TWO CURRENT PASSPORT PHOTOGRAPHS.