



ST. FRANCIS SCHOOLS OF HEALTH SCIENCES

“Pro Gentibus Sapientia”

Tel: 0392 158476 | 0753 309268 | 0772 309268
E-mail: school.stfrancis@yahoo.com www.sfrash.ac.ug

☎ 0756542613

Application no:

Attach your most recent passport size photograph

Licensed by Ministry of Education, Science, Technology & Sports (MoESTS), National Council for Higher Education (NCHE) and accredited by the Ministry of Health through Allied Health Professionals Council, Uganda Nurses & Midwifery Council and has accredited centres for UAHEB & UNMEB for Examinations.

APPLICATION FOR ADMISSION

NOTE:

- Photostat Copies of both O' level and A' level result slips/ Certificates, and other qualifications should be attached to this form.
- Candidates selected for any programme of study will be required to present Original Certificates at the time of registration.
- It is essential that you complete all the relevant sections of this form. This will ensure efficient processing of your admission. Complete the form in **BLUE** or **BLACK** ink. Please use **CAPITAL** letters.
- For the available courses, admission requirements and course choices, please refer to the back of this application.
- Please, return the fully filled application to the admissions Office of St. Francis Schools of Health Sciences.

CHOICE OF INTAKE (Tick if January, May or August. Please refer to the back of this application for guidance)

January	May	August	ACADEMIC YEAR (Indicate below)

CHOICE OF PROGRAMME

Please state the course of your choice below after ticking the appropriate box at the back of this application and note the minimum requirement for each course as stated before selection.

Indicate your preference; specifying whether for Day, Weekend or Inservice.

Note: Some programmes are offered ONLY as Day programmes, please inquire before you indicate.

DIPLOMA COURSE

Day| Weekend| Inservice

--	--

CERTIFICATE COURSE

Day| Weekend| Inservice

--	--

PERSONAL STATEMENT

Please provide a short statement indicating why you wish to undertake this programme.

NOTE: For choice of programme please refer to the back of this form.

1A. PERSONAL DETAILS

Surname/ Family name: _____
(as on birth certificate/ passport)

First/Given names: _____

Title: _____ Sex: Male Female
(Mr/Mrs/Miss/Ms/Dr/Rev)

Date of Birth: _____ Contact: _____
(DD-MM-YYYY)

Country of Birth: _____ Home District: _____

Country of Residence: _____ Marital Status: _____

Nationality: _____ Religion: _____

1B. ADDRESS

Home (Permanent) Address

Postal address: _____
(Street address or post box)

City/Town: _____

Country: _____

Telephone: _____

Email: _____

Correspondence Address

(if different from Home address)

Postal address: _____
(Street address or post box)

City/Town: _____

Country: _____

Telephone: _____

Email: _____

1C. GUARDIAN / SPONSOR'S INFORMATION

Name: _____

Nationality: _____

Place of Residence: _____

Your relationship with the Guardian/ Sponsor: _____

Mobile: _____ E-mail: _____

1D. HEALTH STATUS

Do you have serious health conditions / diseases? Yes No

If yes, explain the condition. _____

Are you on regular medication? Yes No

If yes, what medication? _____

Do you require any special medication while at Institute? _____

Note:

It is the responsibility of the student to cover such specialised medical costs and not the Institute.

2. SOURCE OF INFORMATION

How did you learn about St. Francis Schools of Health Sciences - Namataba, and the programme you are applying for?

Print advertisement

Internet Search (Our Website)

Radio/ TV advertisement

Social Media

Student/ Alumni

Other (State here) _____

3. PREVIOUS EDUCATION

Note: Attach photostat at the time of submission.

3A. ORDINARY LEVEL EXAMINATION

UGANDA CERTIFICATE OF EDUCATION (UCE) OR EQUIVALENT.

Certificate photocopies of results and certificates must be attached to this application form.

Examining Authority: _____

Name and address of School: _____

Year of Examination: _____ Index Number: _____

Subjects Provide Grade/Marks (not pass, credit, distinction) If a subject is not listed, include it in the spaces provided.					
Subject	Grade	Subject	Grade	Subject	Grade
Accounts		Literature in English		Music	
Agriculture		Fine Art		Physics	
Biology		French		Religious Education	
Chemistry		Geography		Technical Drawing	
Commerce		History			
English Language		Mathematics			

3B. ADVANCED LEVEL EXAMINATION

UGANDA ADVANCED CERTIFICATE OF EDUCATION (UACE) OR EQUIVALENT.

Certified photocopies of results and certificates must be attached to this application form

Examining Authority: _____

Name and address of School: _____

Year of Examination: _____ Index Number: _____

Subjects Indicate whether Principal (P) or Subsidiary (S)	Results/Grade						Overall Grade
	Papers						
	1	2	3	4	5	6	

3C. ANY OTHER ACADEMIC QUALIFICATIONS

Certified photocopies of results and certificates must be attached to this application form.

University / Institute / College (include address and country)	Qualifications obtained (if any)	Date Obtained	Full time / Part time/ Distance

4. COURSES AVAILABLE FOR THE ACADEMIC YEAR

Please clearly **TICK** a course of your choice in the box provided on the **LEFT** and the choice of intake in the box provided on the **RIGHT**.

SCHOOL OF ALLIED HEALTH SCIENCES

<input type="checkbox"/>	Diploma in Clinical Medicine and Community Health	- Principal pass in Biology and a subsidiary pass in Chemistry plus a subsidiary pass in any science subject.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take
<input type="checkbox"/>	Diploma in Pharmacy	- O' with at least 5 passes - A' level with a principal pass in Chemistry and a subsidiary in Biology & any other subsidiary in science subject.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take
<input type="checkbox"/>	Diploma in Medical Laboratory Technology	- O' level with at least 5 passes - A' level with atleast one principal pass in Biology or Chemistry & a subsidiary in any science subject.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take
<input type="checkbox"/>	Certificate in Medical Laboratory Techniques	- O' level with atleast 5 passes including Maths, English, Physics, Biology, Chemistry.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take
<input type="checkbox"/>	Certificate in Pharmacy	- O' level with atleast 5 passes including Maths, English, Physics, Biology, Chemistry.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take

SCHOOL OF NURSING AND MIDWIFREY

<input type="checkbox"/>	Diploma in Nursing	- Certificate in nursing.	<input type="checkbox"/> January in-take <input type="checkbox"/> June in-take
<input type="checkbox"/>	Diploma in Midwifery	- Certificate in Midwifery.	<input type="checkbox"/> January in-take <input type="checkbox"/> June in-take
<input type="checkbox"/>	Certificate in Nursing	- O' level with atleast 5 passes including Maths, English, Physics, Biology, Chemistry.	<input type="checkbox"/> January in-take <input type="checkbox"/> June in-take
<input type="checkbox"/>	Certificate in Midwifery	- O' level with atleast 5 passes including Maths, English, Physics, Biology, Chemistry.	<input type="checkbox"/> January in-take <input type="checkbox"/> June in-take

SCHOOL OF MANAGEMENT AND APPLIED SCIENCES

<input type="checkbox"/>	Diploma in Medical Records Management & Informatics	- O' level with at least 5 passes - A' level with atleast one principal pass in any subject & two subsidiary passes.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take
<input type="checkbox"/>	Diploma in Public Health	- O' level with at least 5 passes - A' level with atleast one principal pass & 2 subsidiaries in science subjects.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take
<input type="checkbox"/>	Diploma in Biomedical Engineering	- O' level at least 5 passes - A' level with atleast one principal pass in Physics & two subsidiary passes in any science subject preferably Biology.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take
<input type="checkbox"/>	Diploma in Clinical & Community Nutrition	- O' level with at least 5 passes - A Principal pass in Biology or Food & Nutrition and any two subsidiaries in sciences subjects.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take
<input type="checkbox"/>	Diploma in Health Counselling & Social Care	- O' level with at least 5 passes - A' level with atleast one principal pass in any subject & two subsidiary passes.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take
<input type="checkbox"/>	Diploma in Health Promotion & Education	- O' level with at least 5 passes - A' level with atleast one principal pass in any subject & two subsidiary passes.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take
<input type="checkbox"/>	Diploma in Health Care Management & Leadership	- Any qualification in any Medical field with a minimum certificate	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take
<input type="checkbox"/>	Certificate in Medical Records & Health Informatics	- O' level with at least 5 passes - A' level with atleast one principal pass in any subject & two subsidiary passes.	<input type="checkbox"/> May in-take <input type="checkbox"/> August in-take

5. DECLARATION

NOTE: Applicants should look at the minimum requirement as indicated against each programme, it is a responsibility of the applicant to ensure that he/she possesses the minimum qualifications of the programme he/she chooses but these should be from a recognised institution.

I confirm that the information i have given is true, complete and accurate and no other information requested has been omitted. I am fully responsible for it's validity.

Applicant's Signature: _____

Date: _____