



FINS

FORTPORTAL INTERNATIONAL NURSING SCHOOL

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OFFICE OF THE ACADEMIC REGISTRAR

APPLICATION FOR ADMISSION TO FORT PORTAL INTERNATIONAL NURSING SCHOOL (FINS) ACADEMIC YEAR 2020/2021 JULY INTAKE

TO BE COMPLETED BY THE APPLICANT

NOTE: i. This form must be submitted with evidence of payment of application fee of 30,000/= to Housing Finance Bank Fort portal branch.

ii. To be completed by applicants who are seeking admission for certificate and diploma courses in (a)Enrolled Nursing (b)Enrolled Midwifery (c) Diploma In Nursing (d) Diploma In Midwifery (e) ANY OTHER COURSE (SPECIFY).....



PART I

All names must be written in full (no initials) and the form should be filled in capital letters

1. a) Surname (in full)
- b) Other names (in full)
- c) Sex (tick) Male..... Female.....
- d) Date of birth DD.... MM..... YY.....
- e) Nationality:
- (Must 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)

- a) Enrolled Nursing
- b) Enrolled Midwifery
- c) Diploma Nursing
- d) Diploma Midwifery

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

Index no. Year of examination Grade

Subject	Phy.	Chem.	Bio	Eng	Math					
Grade										

4. SCHOOLS ATTENDED

LEVEL	YEAR OF COMPLETION	NAME OF SCHOOL	AWARD	GRADE
Primary				
O` Level				
A` Level				
Tertiary institution				
Others				

PART II

4. Other personal information

- a) Permanent address:
- b) Emergency contact address
- c) Telephone number:
- d) E-mail address

e) Religious affiliation (if any).....

5. INFORMATION ON PARENTS

INFORMATION	FATHER	MOTHER
NAME		
Village of birth		
Sub- county		
District of birth		
Address		
Telephone number		

6. INFORMATION ON THE GUARDIAN (WHERE APPLICABLE)

- i. Guardian’s name
- ii. Address
- iii. Occupation
- iv. Telephone numbers

7. Position of responsibility held while still at the former school

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.....

8. Give names of two persons in responsible positions who from whom confidential information may be obtained about you.

Information	1st person	2nd person
Name		
Address		
Telephone number		
Relationship with you		

PART III

HEALTH (tick where applicable)

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

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)

Foot ballNet ball Volley ball.....Basket ball AthleticsDrama

9. It should be noted by all applicants that cases of impersonation, falsification of documents or giving false incomplete information whenever discovered either at registration or afterwards will lead to automatic **CANCELATION** of this admission and prosecution in the Uganda Courts of Law.

10. 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 to the best of my knowledge is correct.

Signature of the applicant date

PART V

1. How did you know about Fort Portal International Nursing School FINS?
-
-
2. Any comments
-
-

Note:

- i. **FIND SCHOOL PAY SLIPS AT HOUSING FINANCE BANK (FORT PORTAL BRANCH) OR AT THE SCHOOL BURSAR’S OFFICE.**
- ii. **ATTACH PHOTOCOPIES OF YOUR ACADEMIC DOCUMENTS.**
- iii. **ATTACH TWO CURRENT PASS PORT PHOTO GRAPHS**