



MINISTRY OF EDUCATION AND SPORTS  
**SCHOOL OF HYGIENE - MBALE**  
*"For Health Promotion"*



**Physical Address:**  
 Hygiene Cell, Nkoma Ward  
 Northern Division, Mbale City

**Postal Address:**  
 P.O. Box 221, Mbale - Uganda  
 Website: www.mbaleschoolofhygiene.ac.ug

Principal's Office: +256 414 674 169  
 Academic Registrar's Office: +256 414 674 168  
 General Line: +256 414 670 507  
 Email: mbalesoh@gmail.com

APPLICATION FILE/ NO:

Please attach passport size photograph

**APPLICATION FORM FOR ADMISSION ON PRIVATE SPONSORSHIP SCHEME THROUGH DIRECT ENTRY.**

(This form is only for only **BASIC COURSES** i.e. CEHS, CMR, DEHS, DMR-DIRECT ENTRY ONLY)

**IMPORTANT- READ BEFORE FILLING THIS FORM!**

- (i) To be filled in block letters (i.e. CAPITAL LETTERS)
- (ii) Application fees should be Paid to School Bank Account and Not Cash.
- (iii) Please attach a copy of the original receipt from Accounts office, letter from the LC I, copy of the birth certificate, copies of all academic documents i.e. O'level, A' level and other training courses done.
- (iv) Read this form carefully before filling it
- (v) The original copy of this form should be completed by the applicant and returned to the address:  
**ACADEMIC REGISTRAR, SCHOOL OF HYGIENE-MBALE,  
 P.O BOX 221, MBALE, UGANDA, EAST AFRICA**

**1.0 COURSE INFORMATION:**

**1.1 COURSE APPLIED FOR: (Tick the appropriate box)**

- a. **CERTIFICATE IN ENVIRONMENTAL HEALTH SCIENCE (CERT.EHS)**
- b. **CERTIFICATE IN MEDICAL RECORDS AND HEALTH INFORMATICS (CMR)**
- c. **DIPLOMA IN ENVIRONMENTAL HEALTH SCIENCES (DIP.EHS)**
- d. **DIPLOMA IN MEDICAL RECORDS AND HEALTH INFORMATICS (DMRHI)**

**1.2 ACADEMIC YEAR OF ADMISSION:** .....

**2.0 APPLICANT'S DATA/PARTICULARS:**

**2.1 Names (a) Surname**.....

(b) Other names.....

**2.2 Sex:** M  F  (Tick the appropriate box)

**2.3 Date of Birth:** Date.....Month..... Year .....

**2.4 Home District:-**.....

- 2.5 Nationality: - .....
- 2.6 National ID No: .....
- 2.7 Religious affiliation and Sect: - .....
- 2.7 Marital Status:- Single  Married  Divorced  (Tick appropriate box)
- 2.8 Place of residence (Village/Parish/Sub county/district) .....
- 2.8 Postal Address: .....
- 2.9 Telephone Contact .....
- 2.10 Email address: .....

3.0 **EDUCATIONAL BACKGROUND:**

3.1 Schools/Colleges/Institutes attended.

School/College/Institution attended	Year		Results Obtained	
	From	To	Subjects	Grades
			<b>O' LEVEL</b>	
			English	
			Mathematics	
			Biology	
			Chemistry	
			Physics	
			Geography	
			Health Science	
			<b>OTHERS</b>	
			<b>A LEVEL</b>	
			Biology	
			Physics	

				Chemistry	
				Mathematics	
				<b>OTHERS</b>	

**3.2 Responsibilities held while at school, college etc.**

(Please attach copies of certificates as proof because they will be considered during selection)

	School etc.	Responsibility	Year

**3.3 Extra-Curricular activities**

(Please attach copies of certificates as proof because they will be considered during selection)

- (i).....
- (ii).....
- (iii).....

**4.0 EMPLOYMENT/WORK BACKGROUND:(For Candidates previously employed)**

(Some students may have been employed before joining the school; this could help to make up for the more three years-time at home)

**4.1 Employment record**

Place of work	Year		Position held
	From	To	

(Note: Please attach a recommendation letter from the employer)

**4.2 Release letter from the employer**

- a. Do you have a release letter from your employer?
- b. If yes attach a copy
- c. If No, why.....

**5.0 DISABILITIES AND SPECIAL NEEDS:**

- i. Do you have any disability? a. Yes  b. No
- ii. If yes, what type of disability?  
.....
- iii. Do you have any special need? a. Yes  b. No
- iv. If yes, what special need?  
.....

**6.0 MEDICAL INFORMATION:**

- a. Do you have any chronic infection? a. Yes  b. No
- b. If yes, what infection? .....

**7.0 FUNDING AND SPONSORSHIP INFORMATION:**

- 7.1 How do you plan to pay your fees?  
a. In one installment  b. In Two installments  c. In Three installments

7.2 Indicate the name of the person/organization that will be responsible for paying your fees, also indicate their contact (s).

Name..... Postal Address:.....  
Tel. No. Office:.....Tel. No. Mobile:.....  
Email Address:.....

**8.0 DECLARATION:**

I hereby declare that the information given above is true to the best of my knowledge and any case (s) of wrong information or impersonation whenever discovered will lead to automatic cancellation of the admission.

Name(s): \_\_\_\_\_  
Sign:

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 2025

**NOTE!**

- (i) Please attach photocopies of your academic documents, copy of the birth certificate and a copy of original receipt for payment of application form and a letter from the LC I and signed by at least three members of the Executive Committee.
- (ii). Applicants will be required to produce original O'level and A' level pass slips, (for Diploma Applicants) Identity cards of former schools/National Identity Card, and Birth Certificate.
- (iii) School of Hygiene-Mbale reserves the right to disqualify applicants whose academic documents are found to be forged or do not meet the minimum requirements.

**FOR OFFICIAL USE ONLY  
(FOR THE ACADEMIC REGISTRAR)**

The applicant **Qualifies**  / **Does not Qualify**  for admission into the  
Diploma \_\_\_ Certificate \_\_\_ in \_\_\_\_\_ course.  
The previous Academic institution is recognized by UNEB/ NCHE. He/She is forwarded to the  
School Admissions Committee for consideration.

Other comments of the **Academic Registrar:**

.....  
.....  
.....

Signature:

Date and Stamp: \_\_\_\_\_

**OUR MOTTO: "FOR HEALTH PROMOTION"**