

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:

DEH/DHLM/DHPE/20/

Please attach passport size photograph

<u>APPLICATION FORM FOR ADMISSION ON PRIVATE SPONSORSHIP SCHEME</u> THROUGH UPGRADING SCHEME

(This form is only for only **POST BASIC COURSES i.e. DEHS (Upgrading-Fulltime), and DEHS (Upgrading-Weekend), DHLM- Weekend, and DHPE- Weekend.**

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.	DIPLOMA IN ENVIRONMENTAL HEALTH SCIENCES (UPGRADING-FULLTIME)
b.	DIPLOMA IN ENVIRONMENTAL HEALTH SCIENCES (UPGRADING-WEEKEND)
c.	DIPLOMA IN HEALTH LEADERSHIP AND MANAGEMENT (DHLM) (Weekend)
d.	DIPLOMA IN HEALTH PROMOTION AND EDUCATION (DHPE) (Weekend)
1.2	ADMISSION ENTRY SCHEME: (Tick the appropriate box)
a.	PRIVATE ENTRY (DHLM AND HPE)
b.	MATURE ENTRY- PRIVATE SPONSORSHIP SCHEME (DEHS)
c.	CERTIFICATE (CREDIT) ENTRY- GOVERNMENT SPONSORSHIP SCHEME (DEHS)
d.	CERTIFICATE (CREDIT) ENTRY- PRIVATE SPONSORSHIP SCHEME (DEHS)
Note:	
1-	Private Entry (DHLM and HPE) - Do not sit Interviews.
2-	Mature entry scheme (Private scheme only)-DEHS: Sit interviews organized by the school before they are admitted)

3- Certificate Entry (Government sponsorship)-DEHS: The school currently offers 2 slots of Merit Government Sponsorship to the best upgrading DEHS students who passed CEHS with a CGPA of 3.5 and above (or overall Grade of Credit); 1 slot is for Fulltime students and 1 slot is for Weekend upgrading students)

1.3	ACADEMIC YEAR OF ADMISSION:
2.0	APPLICANT'S DATA/PARTICULARS:
2.1	Names (a) Surname
	(b) Other names
2.2	Sex: M (Tick the appropriate box)
2.3	Date of Birth: DateMonth Year
2.4	Home District:-
2.5	Nationality:
2.6	National ID No:
2.7	Religious affiliation and Sect:-
2.7 2.8	Marital Status:- Single Married Divorced (Tick appropriate box) Place of residence (Village/Parish/Sub county/district)
2.0	race of residence (vinage/Parish/Sub county/district)
2.8	Postal Address:
2.9	Talanhana Cantaat
	Telephone Contact
2.10	Email address:
3.0	EDUCATIONAL BACKGROUND:
3.1	Schools/Colleges/Institutes attended.

School/College/Institution	Year		Results Obtain	ned
attended	From	То		
			Subjects	Grades
			O' LEVEL	
1.0			English	1 2 6 0
			Mathematics	
			Biology	
			Chemistry	
1			Physics	
			Geography	

			Health Science	
			OTHERS	
	· -			
	,		A LEVEL	
			Biology	
	1		Physics	
			Chemistry	
			Mathematics	
			OTHERS	-
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.2	(Please attach copies of	hile at school, college etc. certificates as proof because	they will be considered of	during
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2	(Please attach copies of selection)	certificates as proof because		during
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	(Please attach copies of selection) School etc. Extra-Curricular activity	Responsibility	Year	
3	(Please attach copies of eselection) School etc. Extra-Curricular activity (Please attach copies of eselection)	Responsibility ities	Year They will be considered d	luring

Place	of work	Year		Position held	
		From	To		

(Note:	Please attach a recommenda	tion letter f	from the en	aployer)	
4.2 Re	lease letter from the employe	r			
a.	Do you have a release letter from	om your em	ployer?		
b.	If yes attach a copy				
c.	If No, why			••••	
5.0 i	DISABILITIES AND SPECI			\neg	
ii.	i. Do you have any disability? a. Yes b. Noii. If yes, what type of disability?				
iii.	. Do you have any special need? a. Yes b. No				
iv.	If yes, what special need?	100			
	•				
SO MI	EDICAL INFORMATION:	•••••			
	Do you have any chronic infect	tion? a. Yes	s	No 🗍	
b. I	f yes, what infection?				
	NDING AND SPONSORSHI				
		i ii i oiu			
7.1 Hov	w do you plan to pay your fees?				
a. I	n one installment b. Ir	Two install	ments	c. In Three installments	
.2 Ind	icate the name of the person/org	ganization t	hat will be r	responsible for paying your fees,	
	indicate their contact (s).				
Nar	ne	**********	Postal Add	ress:	
				lobile:	
	nail 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	,2023

NOTE!

- (i) Please attach photocopies of your academic documents (O'level, A'level, Certified copies of transcripts and certificates for both Certificate holders and Diploma holders, 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, Transcripts and Certificates for previous course study. 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.