



REGIONAL TRAINING CENTER FOR EXCELLENCE
 IN PARTNERSHIP WITH
MILDMAY INSTITUTE OF HEALTH SCIENCES, UGANDA



Address: CBC Health Services Complex, Mutengene, South West Region, Cameroon
Tel: + (237) 670 400 839 / 677 565 537
Email: regionaltrainingschool@gmail.com
Website: <http://www.cbchealthservices.org>

APPLICATION FORM FOR ADMISSION 2019/20

Please attach a recent passport size photograph

This form **MUST** be filled in **BLOCK CLEAR BLACK INK** and submitted to the office of the Registrar on the above address after payment of **10,000 F CFA** application fees

1. **APPLICANTS DETAILS** (Please write in block letters)

APPLICANT PERSONAL DETAILS										
First Name			Surname							
Other Name(s)			Date of Birth		DD..... MMM YYYY.....					
Gender		Male <input type="checkbox"/>			Female <input type="checkbox"/>					
Address		Postal			Physical					
Contacts	Home		Mobile		Fax					
Nationality										
Passport details (For International Applicants)			Number		Date of Issue					
			Place of Issue		Expiry Date					
Mobile		E-mail								
EMERGENCY CONTACT										
PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY										
Names										
Address		Postal			Physical					
Contacts		Home		Mobile		Fax				
Email										

2. **PROGRAMME DETAILS** (Programme applied for):

PROGRAMME e.g. Diploma in Paediatric Palliative Care (In BLOCK letters)	
a) First Choice	
b) Second Choice	
c) Third Choice	

3. (a) BRIEFLY state your expectations from the programme.

- (i)
- (ii)
- (iii)
- (iv)

(b) How will you use the skills and knowledge acquired from the training?

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

4. **EDUCATION BACKGROUND:**

(I) ADVANCED LEVEL (UACE) RESULTS

A]	Name of School:			
	YEAR OF EXAMINATION:		INDEX NUMBER	
	GRADE		POINTS	

(II) ORDINARY LEVEL (UCE) RESULTS:

B]	NAME OF SCHOOL:			
	YEAR OF EXAM:		INDEX NUMBER:	
	GRADE		DIVISION	

(Attach copies of A-Level and O-Level certificates or their equivalence for foreign Applicants)

OTHER QUALIFICATIONS ATTAINED:

C]	NAME OF INSTITUTION(S) ATTENDED	DATES		QUALIFICATION OBTAINED
		FROM	TO	
a)				
b)				

	c)				
	d)				

CONFERENCES/SEMINARS/WORKSHOPS ATTENDED IN THE LAST 5 YEARS

D]	SEMINAR/CONFERENCE ATTENDED		YEAR	DURATION	TICK IF MUG COURSE
	A)				
	B)				
	C)				
	D)				

(Please attach photocopies of your Academic Testimonials)

NOTE: Academic documents from foreign countries in languages other than English should be translated in English and equated with UNEB standards.

5. WORK EXPERIENCE(Begin with the most recent)

S/N	Period		Organisation	Position	Tasks Performed
	From	To			

6. ACADEMIC REFEREES (Please indicate **two** academic referees with their day time contacts)

S/N	Title	Name	Institution	Contacts	Email Address

7. EMPLOYER RECOMMENDATION

I/We.....Nominate, Prof/Dr/Mr./Mrs./Miss/Ms.....
to attend the above-mentioned MUG programme. **This includes allowing the staff time off to attend the taught week and do the course assignments.**

.....

Name of Authorizing officer

.....

Designation

.....

Date and Official Stamp

8. APPLICANT DECLARATION

I..... hereby affirm that to the best of my knowledge and belief, the particulars given in this form are true and complete record about me in all respects.

Signature

Date:

FOR MUg TRAINING DIRECTORATE USE ONLY			
Date Received		File Reference	
Participant Code		Accepted/Rejected	
Date Acknowledged		Date Confirmed/Advised	
(Signature of Authorizing Officer and Stamp)			