

MAKERERE

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UNIVERSITY

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OFFICE OF THE ACADEMIC REGISTRAR

CURRENT PASSPOST PHOTOGRAPH	RIGHT HAND THUMB PRINT
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APPLICATION FORM FOR THE DIPLOMA or DEGREE
IN PALLIATIVE CARE TENABLE AT HOSPICE AFRICA UGANDA
 (Please tick the appropriate box)

- NOTE: (i) This form must be submitted with evidence of paying the application fee.
(Ugandans – 50,000/= International - \$75)
 (ii) Names used on academic documents should be similar to those on 'O' level and any Others you possess.

PART I

To be completed in CAPITALS by the Applicant.

ALL NAMES MUST BE WRITTEN IN FULL (NO INITIALS)

1. (a) Surname (in full)

(b) Other names (in full)

(c) Male Female

(d) Date of Birth DD MM YY (e) Nationality

(You must attach a copy of the birth certificate)

(f) Home Country/District.....

2. Uganda Certificate of Education (UCE) / Other Country or its equivalent.

Index No.....Year of Examination.....

SUBJECT									
GRADE									

You must attach a certified copy of the Uganda Certificate of Education/ its equivalent for non Ugandans

3. Uganda Advanced Certificate of Education (UACE)/ Other Country or its equivalent

Index No.....Year of Examination.....

SUBJECT						
GRADE						

You must attach a certified copy of the Uganda Advanced Certificate of Education/ its equivalent for non-Ugandans

4. Institutions attended, if any (post secondary education)

From	To	Name of institution	Qualification obtained	Class of award (if any)

Please attach copies of your academic certificates and transcripts

5. Please attach copies of your Professional Registration Certificates

6. English proficiency

	Excellent	Good	Average	Poor
Spoken				
Written				

PART II

7. Other personal information (where applicable)

(a) Marital Status (married, single, other specify)

(b) Permanent Address

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(c) Emergency contact address, if different from (b) above

(d) Telephone No. (e) Fax No.

(f) E-mail

(g) Religious Affiliation (if any)

8. (a) Home county (b) Sub – county (LC III)

(C) Parish (LC II) (d) Village (LCI).....

9. Information on parents

FATHER

MOTHER

Surname

Other Names

Date of Birth

Village of Birth

Sub-county

District of Birth

Nationality

Country of Residence

Address

10. Information on Guardian (where applicable)

(a) Guardian's name (b) Guardian's occupation

(c) Guardian's address..... (d) Telephone number

11. Positions of responsibility held at school/college:

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12. Previous Employment details:

Your position	Dates of Employment	Establishment Address	Contact Person	Relevant Experience Gained, especially in Palliative Care or related areas

13. Current Employment:

(a) Position held:

(b) Name and address of establishment:

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(c) Type of establishment:

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14. Describe any additional relevant experience in

(a) Clinical Palliative Care:

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(b) Advocacy:

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(c) Education and training:

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15. Please write a one page personal statement describing why you want to undertake the

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17. Please briefly describe how you plan to share your knowledge and skills in Palliative Care.

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18. Give the names and contact details of one professional and one academic referee

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19. Do you have funding for the course? Yes/No

If yes, can you give the details?.....
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20. Declaration by the Applicant.

It should be NOTED by all applicants that cases of Impersonation, Falsification of Documents or giving False/Incomplete Information wherever discovered either at Registration or afterwards will lead to automatic CANCELLATION of Admission and prosecution in the Uganda courts of Law.

I have noted and understood the implication of giving incorrect information, I confirm that the information given on this form, to the best of my knowledge, is correct.

Signature of Applicant Date.....

Name (in block Capitals).....

PART III

21. To be filled by the Head of the employing organization / authorizing officer

Note: An application will not be considered without a separate letter of recommendation from the Head of your employing organization.

- (i) Is the applicant's current work relevant to this program? Y/N
- (ii) Does this person possess effective interpersonal skills? Y/N

If successful, will this applicant be supported to take a four week study leave to attend the four week residential sessions annually, the period of clinical experience in the recess term and end of semester examinations? Y/N

- (iii) If the applicant is successful will the organization fund the course or support the applicant in seeking donor funding? Y/N
 If **yes**, is it full funding?
 If **No**, how does the applicant plan to meet the costs of the course? Please specify

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- (iv) Do you guarantee that the applicant will be working with Palliative care for at least 2 years post Diploma/Degree? Yes /No, give reason (This is a requirement otherwise they get deskilled)

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- (v) I recommend/ I do not recommend

Give reason for your response.....

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Position of the recommender

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Name of the Organization:

Address of the Organization:

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Telephone No. , email.....

Name of Head of the Organization / Authorizing Officer.....
 (Block capitals)

Telephone No ., E- mail.....

Signature Date & Stamp