



UGANDA COOPERATIVE COLLEGE KIGUMBA

P. O. Box 10
Kigumba Uganda



ACADEMIC YEAR e.g. 2019/2020

Full Time Weekend Evening

March August

APPLICATION FORM

Affix a current coloured
passport size
photograph here

A. Personal details (please write clearly and in BLOCK CAPITALS)

1. Surname/family name

2. First name(s)/given name(s)

3. Title: Mr. Mrs. Ms. Other.

4. Date of birth (DD/MM/YY). Gender: Male. Female.

5. Nationality

6. District of birth

7. Marital status No. Children

8. Postal address

9. Home address

Village	<input type="text"/>	Parish	<input type="text"/>
Sub-county	<input type="text"/>	County	<input type="text"/>
District	<input type="text"/>	Country	<input type="text"/>

10. Telephone 1st 2nd

11. Email

B. Course applied for: (Please tick one only)

1. Certificate in Co-operative & Business Administration (CCBA)*	<input type="checkbox"/>	2 Years
2. Certificate in SACCO & Microfinance Management (CMF)	<input type="checkbox"/>	2 Years
3. Certificate in Project Planning & Entrepreneurship Development (CPPD)	<input type="checkbox"/>	2 Years
4. Diploma in Co-operative & Business Administration (DCBA)*	<input type="checkbox"/>	2 Years
5. Diploma in SACCO & Microfinance Management (DMF)	<input type="checkbox"/>	2 Years
6. Diploma in Project Planning & Entrepreneurship Development (DPPD)	<input type="checkbox"/>	2 Years

Note: *Course available only on FULL-TIME.

C. School Leaving Qualifications. (Give full details of subjects passed in chronological order)

“O” Level Details.

Name and address of the school.	Full title of subject		Grade/score
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		

“A” Level Details

Name and address of the school.	Full title of subject		Grade/score
	1.		
	2.		
	3.		
	4.		
	5.		

D. Degree, Diploma or Certificate (Give full details of qualification(s) obtained; indicate the institution/university and the examining/awarding body).

Name and address of the institution	From	To	Award	Grade

E. List other courses attended. If any

Give full details of all other course/trainings attended including those which did not lead to examinations.

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F. Work experience (if applicable)

State your previous/current occupation (including the length of service) please tell us if you are not employed or retired and give details of your previous employment.

G. English language proficiency

Is English your first language/mother tongue? Yes. No.

If "No." which language do you normally speak?

- At home
- At work?

What was your language of study in your previous school?

H. Previous application

Have you ever submitted an application to Uganda co-operative College before? Yes No.

If "Yes", give details (state the year and the course applied for, and action taken).

I. Students with a disability and/or special needs.

Do you have any condition that may require special examination arrangements to be made (e.g. partial sight, wheel chair use, dyslexia, special learning difficulties, etc. Yes No.

If "Yes", please describe your condition/circumstances (attaché a medical report to support this)

J. Supporting statement

What are your reasons for applying for registration to undertake this programme?

Please give your reasons in the space provided below in your own handwriting and in a minimum of 100 words; you may continue on a separate sheet if you wish and attach.

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K. Parent/Guardian/Sponsor/Next of kin/person for information in case of emergency(Tick)

Name.	<input type="text"/>
Designation.	<input type="text"/>
Address	<input type="text"/>
Mobile Phone No.	<input type="text"/>
Email.	<input type="text"/>

L. Referees (Give details of two referees who can be contacted for information about you).

Name.	<input type="text"/>
Designation.	<input type="text"/>
Address	<input type="text"/>
Mobile Phone No.	<input type="text"/>
E-mail.	<input type="text"/>

Name.	<input type="text"/>
Designation.	<input type="text"/>
Address	<input type="text"/>
Mobile Phone No.	<input type="text"/>
Email.	<input type="text"/>

M. Questionnaire on enquiry source.

Please tell us more about how you heard about Uganda CO-Operative College – Kigumba.
The answers to the questions bellow enable us to establish a better picture of our students. None of the information that you provide will impact on your application.

How did you first hear about Uganda CO-Operative College – Kigumba? (Please tick as many as apply)

- I found it in the National Council for Higher Education directory.
- I found out at an exhibition.
- I found out from my school.
- I found out from my university.
- I knew about it because of its reputation.
- I saw an advertisement/article about the College in the news paper/magazine.
- I saw a poster pinned on some wall/tree trunks.
- I heard a radio announcement/advertisement.
- I searched the internet.
- A friend told me.
- A family member /relative told me.
- An old student of the college told me.
- My employer told me.

N. Check list (Please read the following carefully before posting/submitting your application to us).

This completed application form must be submitted to the academic Registrars office Uganda co-operative college Kigumba, P.O Box 10, Kigumba. Together with the following.

- Photocopied evidence of your full name and date of birth (e.g. a birth certificate, marriage certificate, statutory declaration or passport).
- The photo copies of all your academic transcripts and certificates (e.g. PLE, UCE, UACE, etc)
- Enclosed four (4) coloured recent passport size photographs showing full face and shoulders
- Statement of consent from the sponsor.
- Payment slip/receipt of application fee of shs. 30,000/= or \$ 30 for foreign students

O. Declarations to be signed by the applicant- please read carefully before signing

- I declare that the information I have given and the statements made by me on this form are to the best of my knowledge and belief, true and correct.
- I agree to the College processing my personal data contained in this form and other personal data that the College may obtain from me or other people connected with my studies. I agree to the retention and disclosure of such data for normal academic and administrative purposes.

Signature: **Date:**