

Address: Busumbala Campus, Opposite Black & White Garage, WCR.

Tel: 7437206 / 3658926

## **Application Form**

1.	Name:					
					••	
2.	Gender:	□ Male	□ Female			
3.	Nationalit	y:	Date	or Year of Birth:		
4.	Identificat	ion Number:				
		(birth	certificate, ID ca	rd, passport,)	••	
5.	Current A	ddress: Regior	n/Village/Town			
6.	Place of O	rigin: Region/V	/illage/Town			
7.	Contact N	umbers (requ	uired)			
8.	Name and	Contact Nur	mber of Parents/	Guardian (required)		
9.	Highest le		tion attained (pl	ease check the most		

	Primary condary	□ <b>T</b> ∈	☐Junior Secondary ertiary Level (University, College o	☐ Senior or other higher		
ins	stitution)	□ Madrass	sa (Arabic School)			
10.	Migration	status	☐ Returnee ☐ Not a returnee			
11.	Trade Areas					
	Satellite Insta	allation	☐ Solar & Electrical Installation			
12.	Reason for a	course (minimum 100 words)				

Signature:	Date: