



St. Francis Counsellor Training Institute

AFFILIATED TO UGANDA MARTYRS UNIVERSITY, NKOZI

P.O. Box 869, Mbarara, Uganda

Email: marycarmelmoran@konnexion.com

Email: christinentibarutaye@yahoo.fr

Tel: +256 782 393700

Tel: +256 794 532508

APPLICATION FORM

BACHELOR OF EDUCATION WITH GUIDANCE AND COUNSELLING

Passport
Photographs (3)

A. Personal Data:

Name of applicant _____ Sex _____

(as on birth certificate/national ID/passport)

Date of Birth: _____ Nationality _____

Title /Position: _____ Project/ organisation which applicant is serving:

Address (Physical, phone, email) _____

B. Academic & Professional Qualifications

[list applicant's education, indicating year, Institution and qualifications obtained eg B.A., Diploma, etc.]

1. _____
2. _____
3. _____
4. _____

C. Past Work Experience

[Give details of applicant's work experience beginning with the most recent]

1. _____
2. _____
3. _____
4. _____

D. Present Job Responsibilities & Activities

[Indicate responsibilities and activities applicant is responsible for in her/his present most recent job]

1. _____
2. _____
3. _____

E. With regard to your future work plans, how will this course be of benefit to you?

F. Sponsor(s)

(Please indicate who is sponsoring you)

(i) Project/ Organisation:

(Include official rubber stamp)

Representative/ Contact person: _____

Signature: _____

Address (Postal/ Physical)

Telephone: _____

Email _____ Website _____

(ii) Self (If self, please indicate how you are going to raise the funds): _____

(iii) Any Other(Please explain): _____

G. Accomodation (Tick as applicable): Single: _____ Shared Double: _____

H. Where did you get the information about this course?

I: SOURCE OF INFORMATION

How did you learn about St.Francis Counsellor Training Instititue, and the programme(s) you are applying for?

Print Advertisement	.....	Internet Search / University Website	.....
Radio / TV Advertisement	.....	Social Media	.....
Current Student / Alumni	.....	Open Day	.....
School Talk / Guidance Counsellor	.....	Other (State Below)	.....
		
		

J: REFERENCES

Please provide the name of one person who is aware of your academic or professional ability and can support your application by providing a reference.

NOTE: Referees cannot be related to you in any way.

Name of Referee:

Address:

City/Town:

Country:

Postcode:

Cell phone:

Telephone:.....

Email:

Fax:

K: DECLARATION

I _____ confirm that the information given on this form is to the best of my knowledge true, correct and accurate.

Signature of Applicant:Date:

L: PERSONAL STATEMENT

Please provide a short statement indicating why you wish to undertake this programme (your first preference).

[illegible]

NOTES FOR APPLICANT

1. Attach copies of Certificates and transcripts of your academic qualifications. Please note that your application form will not be processed if these are not attached.
2. Attach 3 passport photographs
3. Ensure that the names on your application are the same as those on your former transcripts and the name which will be used in your forms throughout this training as well as on your degree papers.
4. All applicants applying through their organisation are advised to seek approval from their employers for the full course before submitting their applications
5. English is the language of instruction at the centre. A high proficiency in English language is required for successful participation in the programme.