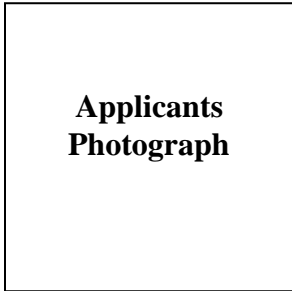




Uganda Hotel and Tourism Training Institute

FORM/UHTTI

APPLICATION FOR ADMISSION TO THE INSTITUTE FOR COURSES OFFERED



1. Academic Year:

2. Courses applied for (Give preference 1st, 2nd and 3rd)
1st:
2nd:
3rd:

3. (a) Surname (Block letters):
(b) Other Names (in full):
(c) Gender : National ID No/.....

4. (a) Date of Birth: (b) Place of Birth:

5. Home District:

6. Citizenship: Country of Residence:

7. (a) Marital Status: (b) No of Children:

8. Permanent Address:
.....
.....
Telephone Number:

“The Centre of Excellence in Hands-on Hospitality Training”

9. Contact Address if different from 8 above:

.....
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.....
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10. EDUCATION BACKGROUND:

(a) Uganda Certificate of Education:

Form (School):

Index No: Year:

Subject:

Grade:

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(b) Uganda Advanced Certificate of Education:

Former School

Index No: Year:

Subject:

Grade:

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11. POST SECONDARY EDUCATION:

INSTITUTE ATTENDED			QUALIFICATION OBTAINED	DATE OBTAINED
NAME	DATES			
	From	To		
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.....
.....
.....
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NB; Attach photocopies of ‘O’ Level and Post Secondary Certificates.

12. EMPLOYMENT RECORD:

ORGANISATION WORKED	POST HELD	DATES	
		From	To
.....
.....
.....
.....
.....

13. SPONSORSHIP:

NAME OF SPONSOR: **RELATIONSHIP:**

ADDRESS: **TELEPHONE:**

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14. Briefly answer the following questions.

(a) Why do you want to join this Institute?

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(b) What is the importance of Tourism to a Country?

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(c) Do you have any Chronic Disease/Disability? If yes briefly state it.

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15. DECLARATION:

I declare that all the information given on this form is correct.

SIGNATURE OF APPLICANT:

DATE:

NB: PLEASE ATTACH YOUR APPLICATION FEE RECEIPT TO THIS FORM

“The Centre of Excellence in Hands-on Hospitality Training”