



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"

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:

INSTITUTE ATTENDED	POST HELD	DATES	
		From	To
.....
.....
.....
.....
.....

13. SPONSORSHIP:

NAME OF SPONSOR: **RELATIONSHIP:**

ADDRESS: **TELEPHONE:**

.....

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

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:.....

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

Please ATTACH THE Receipt of PAYMENT to the FORM.

BANK DETAILS:

The Hotel and Tourism Training Institute – Jinja at any DFCU Bank Branch in Uganda to
Account Number: 01463656075963