

APPLICATION FORM

P.O. Box 189, Iganga, Uganda **Tel: (Office)** +256757979703, +256773040025

E-mail: info@expressexpertise.com

Website:

www.familyconceptscenter.org www.expressexpertise.com Attach current Passport-sized Photograph Here

PERSONAL DETAILS			
1. 2. 3. 4. 5. 6.	Title (e.g. Ms/Mr/Sr./Fr./Rev./): Surname: Other Names: Date of Birth: Sex: MALE FEMALE Marital Status: Mailing Address (for regular correspondence):		
8.9.	•		
EDUCATION			
10. Education level: Primary O'level A'level Diploma Degree Others:			
11.	Caretaker: CONTACT:		
12. Subjects / Courses applied for, tick what applies to you.			
	Computer Applications		
	Cook		
	Pastry		
	Knitting		
	Hair Dressing		
	Baking		

Tailoring			
13. Do you have any serious health condition? YES NO			
If yes, describe the condition in details			
Declaration			
I ————————————————————————————————————			
• I authorize Express Expertise Ltd to obtain official records from any educational institution previously attended by me, and acknowledge that Express Expertise Ltd reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information.			
• Iunderstand that Express Expertise Ltd may disclose the personal information I have given in this application to the Directorate of Industrial Training Board and Ministry of Education for educational purposes.			
Student's Signature:	Date:		
FOR OFFICAL USE ONLY			
Applied for Program:			
Director of Operations' Executive	Director's		
Signature: Signature:			