S/No.																		
D/11U.	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	



Attach one recent colored Passports photo

#### MINISTRY OF EDUCATION AND SPORTS

# TVET APPLICATION FORM FOR ADMISSIONS INTO CERTIFICATE AWARDING INSTITUTIONSFOR 2025

#### **Preamble:**

- i. This form is intended for applicants wishing to pursue National Certificate under the TVET system.
- ii. This form can be obtained from the website of the Ministry of Education and Sports**tvet.go.ug** and www.education.go.ug, office of the District/Municipality/City Education Officer, Local Councils' Offices, TVET Institutions (list attached), and at the Ministry's Department of TVET Operations and Management, Legacy Towers Wing B, Floor 3.

This form MUST be completed in duplicate and returned to any certificate awarding government TVET Institution or to any of the Regional Selection Centers i.e.Ntinda Vocational Training Institute – Central in Kampala, St. Kizito Technical Institute Madera—Eastern in Soroti, and KakiikaTechnical School – western in Mbarara and Bobi Community Polytechnic - Northernin Omoronearest to the Applicant or to lazakeh.galabuzi@education.go.ug not later than January 31 2025.

### Note:

Applicants wishing to pursue National Certificates MUST attach;

- Photocopies of certificates/result slips/transcripts,
- A copy of National Identity Card (for 18 years and above) or an Identification from the previous institutions (for below 18 years)
- A Copy(ies) of appointment/contract/recommendation of relevant work experience (if any)and
- A Copy of Birth Certificate
- iii. Persons with disabilities, and thosefrom vulnerable categories and at-risk population such as females, urban poor, fishing communities, and others are encouraged to apply
- iv. Those who had filled UNEBforms and selected TVET as their 1<sup>st</sup> Choice should also apply and indicate their choices clearly

## **SECTION A: Particulars of applicant** (To be completed in capital letters by Applicant)

1.	Names		
		Others names	
2.	Nationality	Date of Birth	Sex
3.	Home District	County	
	Sub-county	Religious Affiliation (On	tional)

4.	<b>Physical Address:</b>				
	Parish Village	2		TelephoneContact	
	Parent/Guardians Name			TelephoneContac	ets
	Parent/Guardian NIN				
SE	CTION B: Educational Bac	ckground(To	be co	ompleted by Applicant)	
a.	PLEresults				
a.	Name of School			Voor of citting	
	Index Number			_	
T7.*I		10ta	ı Agş	gregatesDivision	1
	l in the details /N Subjects	Grade		Subject	Grade
1.		Grade	4.		
2.			5.		
3.			6.		
Fil	O'Level: UCE results (if Name of School			_	
S/N	Course unit/Subjects	Scores	S/N	Course unit/Subjects	Scores
1.			6.		
2.			7.		
3.			8. 9.		
5			10.		
			10.		
c.	Technical School/Comm		• • • • •	Year of sitting	
	Course Name				
	Index Number		. Gra	de	• • • • • • • • • • • • • • • • • • • •
Fil	l in the details				
S/N	Course unit/Subjects	Scores	S/N	Course unit/Subjects	Scores
1.			6.		
2.			7.		
<b>3.</b>			8.		

d.	Any other Qualification(s) (if	f any)							
Name of Educational/awarding Institution/University									
Cou	Course Name								
Yea	r of sittingReg Nu	mber		Class of Grade	e				
Fill	in the details								
S/N	Course unit/Subjects	Scores	S/N	Course unit/Subjects		Scores			
1.			4.						
2. 3.			5. 6.						
			0.						
SEC	CTION C: Relevant work Rec	ord (if	any)(	To be completed by	Applicant)				
S/N	Organization/Employer/ Self Emplo			st Held	Period				
5. (	Chronic Disease/Disability (if a	ny)							
	•	• .							
•	•••••	• • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••			
6. (	Choice of Course(s)(select from	n the at	tache	d list)					
F	First Choice								
C	Second Choice								
	Second Choice								
Third Choice									
b) Briefly explain the reason for choosing the Course(s) you have selected.									
••••		• • • • • • • • •	• • • • • •						
••••		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •				
		• • • • • • • • • • • • • • • • • • • •	• • • • • •			• • • • • • • • • • • • • • • • • • • •			

7. Choices of TVET Institutions (select i	from the attached list)
First Choice	
Second Choice	
Third Choice	
8. Declaration	
I	declare that to the best of my
knowledge, the information provided above	e is correct.
Signature:	Date:
<b>Note:</b> Falsification of information can lead in the courts of law.	ad to cancellation of the offer and prosecution
SECTION D: FOR OFFICIAL USE ON	LY
The committee hasvetted and recommen	ded that the applicant:
i. Be admitted on: -Government	Private
Course	
Institution	
Head of Selection Team	Signature and Date
OtherRemarks:	
Centre Supervisor	Signature and Date