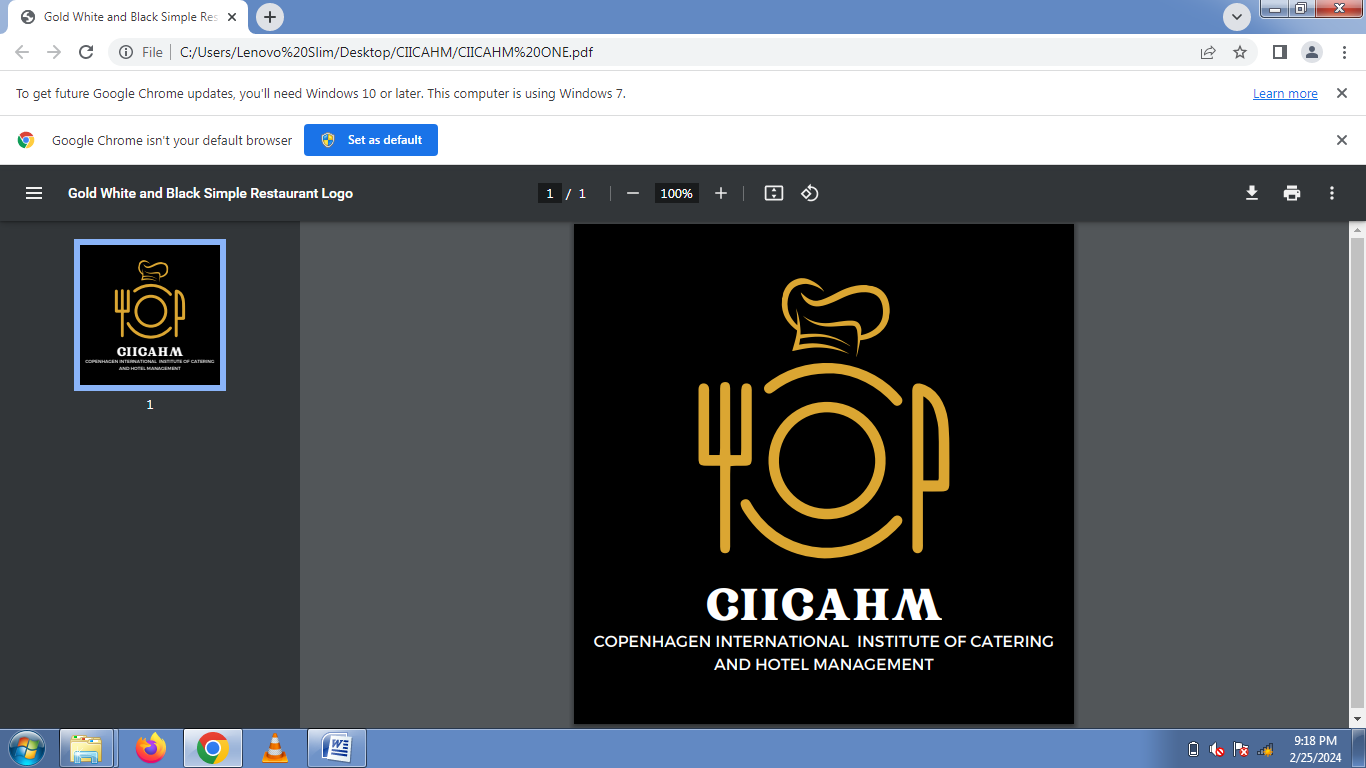
**COPENHAGEN INTERNATIONAL INSTITUTE OF**



STUDENT’S PHOTO

**CATERING AND HOTEL MANAGEMENT**

**(CIICAHM)**

**Kisaasi - Kyanja Road**

**Turn left on Bahai Road before Kisasi Mall**

**8.7Km from Kampala City Center**

**P.O Box, Kampala – Uganda**

**Tel: +256 765 874 942, 078 3209 798, 0759 037 991**

**APPLICATION FORM**

**When completed, the form should be returned with copies of certificates & Two Passport Photos (white background)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Course of Interest: …………………………………………………………………………………………………………** | | | | | | | | | | | | | | | | | |
| **LEVEL OF ENTRY – Tick, appropriately** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Diploma (2 years) | | | | | | | | | | |  | | | | | | |
| National Certificate (2 years) | | | | | | | | | | |  | | | | | | |
| DIT Certificate (1 year) | | | | | | | | | | |  | | | | | | |
| Short Course | | | | | | | | | | |  | | | | | | |
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| **PLEASE TYPE THE NAME INSIDE THE BOXES OR WRITE USING CAPITALS LETTERS IN BLACK INK** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Surname |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| First/Given Name |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| Other Names |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
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| **OTHER GENERAL INFORMATION** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Gender |  | | | | | | |  | Nationality | | | | |  | | | |
| Date of Birth |  | | | | | | |  | District | | | | |  | | | |
| Religion |  | | | | | | |  | Physical Address | | | | |  | | | |
| Marital Status |  | | | | | | |  | Other Tel. No. | | | | |  | | | |
| whatsApp No. |  | | | | | | |  | Other Tel No. | | | | |  | | | |
| Email Address |  | | | | | | |  | International Contract | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | |
| **NEXT OF KIN DETAILS** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Next of Kin 1** | | | | | | | |  | **Next of Kin 2** | | | | | | | | |
| Name |  | | | | | | |  | Name | | | | |  | | | |
| Nationality |  | | | | | | |  | Nationality | | | | |  | | | |
| Physical Address |  | | | | | | |  | Physical Address | | | | |  | | | |
| Telephone |  | | | | | | |  | Telephone | | | | |  | | | |
| Email Address |  | | | | | | |  | Email Address | | | | |  | | | |
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| **LANGUAGE PROFICIENCY – Tick appropriately** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Language** | | | | | **Excellent** | | | **Good** | | | | **Average** | | | **Poor** | | |
| English | | | | |  | | |  | | | |  | | |  | | |
| Swahili | | | | |  | | |  | | | |  | | |  | | |
| Other language (specify) | | | | |  | | |  | | | |  | | |  | | |
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| **FINANCIAL SUPPORT – Please tick how you intend to finance your study** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Self-sponsor | | | |  | Parent/Guardian | | | | |  | | Scholarship | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| HOW DID YOU LEARN ABOUT THE INSTITUTE OF ADVANCED LEADERSHIP – Tick the appropriate box  □Institute Guide □Mailing □Advertisement □Institute Fair □Others | | | | | | | | | | | | | | | | | |
| If you were referred to CIICAHM by someone, please list his/her Address so that we may send a thank you letter.  Name …………………………… Street………………………..City/Town………………… Country ………………. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| DESIRED MODE OF STUDY AND PROPOSED START DATE | | | | | | | | | | | | | | | | | |
| Proposed mode of Study: Week days□Distance Learning/eLearning□Weekend□ Part-time□ | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Proposed start date: ………………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | |
| I plan to reside □ on campus □ At home □ Off campus housing (other than Home)  If you wish to live on campus, apply to confirm available of space prior to making payments | | | | | | | | | | | | | | | | | |
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| **MINIMUM ACADEMIC REQUIREMENTS** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **UCE or its equivalent** | | | | | | | |  | **UACE or its equivalent** | | | | | | | | |
| School | |  | | | | | |  | School | | | | | |  | | |
| Index No. | |  | | | | | |  | Index No. | | | | | |  | | |
| Year of Examination | |  | | | | | |  | Year of Examination | | | | | |  | | |
| No. of Distinctions | |  | | | | | |  | No. of Principal Passes | | | | | |  | | |
| No. of Credits | |  | | | | | |  | Subsidiary Passes | | | | | |  | | |
| No. of Passes | |  | | | | | |  | Fail | | | | | |  | | |
| Fail | |  | | | | | |  |  | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | |
| For students applying for Diploma without UACE, please fill the details of its equivalent here. | | | | | | | | | | | | | | | | | |
| Institution Name | | |  | | | | | | | | | | | | | | |
| Qualification | | |  | | | | | | | | | | | | | | |
| Registration No. | | |  | | | | | | | | | | | | | | |
| CGPA |  | |  | | | | |  | Class of award | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |
| **NB: ALL STUDENTS WITH INTERNATIONAL QUALIFICATIONS ARE REQUIRED TO EQUATE THEIR ACADEMIC DOCUMENTS BEFORE APPLYING** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| PROFESSIONAL OR OTHER QUALIFICATIONS AND EXPERIENCE YOU WOULD WISH THE INSTITUTE TO TAKE INTO CONSIDERATION | | | | | | | | | | | | | | | | | |
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| EMPLOYMENT INFORMATION | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Position | | | | | Organization Name | | | | | | | Employment Period | | | | | |
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| DATA PROTECTION | | | | | | | | | | | | | | | | | |
| The information contained in this application will be used for the purpose of processing your application and if you are admitted, will form part of your CIICAHM student record. All data is held and processed in accordance with the requirements of the law, and within the limits agreed with the CIICAHM Officer. | | | | | | | | | | | | | | | | | |
| DECLARATION | | | | | | | | | | | | | | | | | |
| I certify that the information given in this application is accurate and complete. I understand that the submission of inaccurate information may be sufficient cause for refusal of admission or termination of registration. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Name | | | | | | | Signature | | | | | | Date | | | | |
|  | | | | | | |  | | | | | |  | | | | |

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| **ENTRY REQUIREMENTS** |
| **Diploma/UBTEB – (2 Years) Registration**   * UACE or its equivalent * UCE or its equivalent * 3 passport size photos (white background) * Valid ID   **Short Course Registration**   * 2 passport size photos (white background) * Valid ID |

**FOR OFFICIAL USE ONLY**

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| --- |
| Course Applied for ………………………………………………………………………………...  Requirements submitted/or verified ……………………………………………………………….  Grade Verified/Or verified …………………………………………………………………….….  Date ………………………………………………………………………………………………..  ……………………….  For: CIICAHM – Uganda. |