



# SAVE FOR HEALTH UGANDA

*Community Solidarity for Quality Health*

## CBHIS' MANAGEMENT TRAINING APPLICATION FORM

### 1) Applicant's bio-data

i.	Name of the Applicant	
ii.	Telephone	
iii.	Email	
iv.	Nationality	
v.	ID No. (National ID, Driving Permit or Passport)	
vi.	Employer	
vii.	Telephone	

### 2) Applicant's attained level of education

Secondary  Certificate  Ordinary Diploma  Undergraduate  Postgraduate

### 3) Applicant's work experience starting with your current job

No.	Position	Organization	Duration
i.			
ii.			
iii.			

**4) Applicant's sponsorship:** Type of sponsorship: Self  Organization  If sponsored by organization, the supervisor should endorse this form. Supervisor's Name: .....

Title: ..... Signature and Stamp: .....

**5) Applicant's preferred mode of fees payment:** Bank  Mobile money  Cash

**6) Applicant's source of information:** How did you learn about the course (Please tick)

Facebook  Website  Referral  Fliers

Other: (Specify) .....

**7) Applicant's Signature:** .....

**Note:** This application form should be completed and returned to the Organization's Reception in Kampala OR sent by email to: [mfriday@shu.org.ug](mailto:mfriday@shu.org.ug)