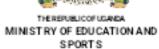


MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT









APPRENTICE APPLICATION FORM NATIONAL APPRENTICESHIP SCHEME

PLEASE READ THIS IMPORTANT INFORMATION BEFORE COMPLETING THE APPLICATION!

- Please fill the application form correctly with a clear handwriting
- Shortlisting will be based solely on the information provided on this application form. CVs will not be considered.
- Please ensure that you provide a working email and/or telephone contact
- Eligible candidates shall have completed Uganda Certificate of Education (UCE) and passed a minimum of 3 subjects O R a National Junior Certificate in catering OR DIT Level 1 OR their equivalent.
- Application forms that are incomplete will be disqualified
- Invalid or incorrect contact details automatically disqualifies the applicant
- Additional details and the full advert can be found on the Ministry of Gender, Labour and Social Development website: ht tps://mglsd.go.ug/

Α	PERSONAL DETAILS	Respond or tick
1	Full Names (as per ID):	
	Age	☐ Less than 18 years ☐ 18-35 years
2	Contact information	Tel 1: Tel 2: Email:
3	Gender:	□Male □Female
4	Nationality	☐ Ugandan ☐Refugee
5	Please indicate your National Identi fication Number (NIN) or Refugee	NIN:

	Number	Pofunce	Number				
6	Place of birth	Village:	Number:				
_		Subcount					
		District:					
	Place of residence	Village:		_			
		Subcount					
		District:_					
	Alternative telephone contacts:	Name:	Name: Contact Number			r:	
	BACKGROUND ASSESSMENT*				Respons	e	
Ηiς	ghest level of education attained?		None (No formal e ion)	ducat			
			Primary Education	ı			
			Secondary Educat	ion or			
			Its Equivalent				
			University/Tertiary	Educ			
			ation				
			Adult Literacy				
			Others (Specify)				
	playment Ctatus	1 77					
m	iniovment status		☐ Employed ☐	□Unempl	oved		
Em	ployment Status		□Employed □	⊒Unemple	oyed		
4re	e you currently in education or train e provide details	ing? If yes, ple	□Employed □	⊒Unempl	oyed		
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Do you have any disability?	_	B1 - 1 111									
Do you have any disability? If yes, please choose the categor y of disability: Hearing Disability Mental Disability Me		Disability									
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