RABBONI INSTITUTE OF EARLY CHILDHOOD DEVELOPMENT

Equipping Teachers. Nurturing Children. Transforming Futures.

2027 ADMISSIONS | STUDENT ENROLMENT / APPLICATION FORM

Application / Enrolment No.: _____	**Date received:** ____ / ____ / 202__
Intake: [ ] January [ ] May [ ] September [ ] Other: _____	**Academic year:** 2027

1. PERSONAL INFORMATION

Full name (as it appears on official documents): _____

Date of birth: ____ / ____ / _____ Sex: [ ] Male [ ] Female Nationality: _____

National ID / Passport No. (if applicable): _____ Marital status: _____

Postal / Residential address: _____

District: _____ Sub-county / Division: _____

Telephone: _____ Alternative telephone: _____

Email address: _____

2. PROGRAMME APPLIED FOR

Select one programme: [ ] Certificate in Early Childhood Education (2 years)

[ ] Diploma in Early Childhood Education and Development (2 years)

[ ] Short Professional Course (select course below)

Short course: [ ] Practical ECD Teaching Skills [ ] Daycare and Childcare Skills [ ] Montessori-Inspired Teaching

[ ] ECD Lesson Planning and Assessment [ ] Phonics, Early Literacy and Numeracy

[ ] Teaching Aids and Learning Materials [ ] Christian Early Childhood Education

[ ] Classroom Management and Positive Discipline [ ] ECD School Management and Administration

[ ] Child Safeguarding, Health and Safety [ ] Other: _____

Preferred study schedule (if applicable): [ ] Weekday [ ] Evening [ ] Weekend [ ] As scheduled by Institute

3. EDUCATIONAL BACKGROUND

Highest level of education: _____

Name of school / institution: _____ Year completed: _____

Qualification obtained: _____ Index / Certificate No.: _____

Other relevant qualifications or training: _____

4. EMPLOYMENT / EXPERIENCE (IF APPLICABLE)

Current occupation / employer: _____

Relevant experience working with children (nursery, preschool, daycare or other):

_____

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STUDENT ENROLMENT / APPLICATION FORM – CONTINUED

5. NEXT OF KIN / EMERGENCY CONTACT

INSTRUCTIONS: Tick (✓) the appropriate box(es) and provide the requested details.

Full name: _____ Relationship: _____

Telephone: _____ Alternative telephone: _____

Address: _____

6. DOCUMENTS SUBMITTED

Please tick the documents attached to this application. The Institute may request additional documents where necessary.

DOCUMENT	SUBMITTED	FOR OFFICE USE
Copy of academic certificate / result slip	[ ] Yes [ ] No	_____
Copy of National ID / passport (if applicable)	[ ] Yes [ ] No	_____
Recent passport-size photograph(s)	[ ] Yes [ ] No	_____
Other: _____	[ ] Yes [ ] No	_____

7. APPLICANT'S DECLARATION

I declare that the information provided in this form is true and complete to the best of my knowledge. I understand that submission of this form does not automatically guarantee admission. Admission is subject to verification of the information provided, meeting the programme entry requirements and fulfilling the Institute's admission procedures. I agree to abide by the rules, regulations and policies of Rabboni Institute of Early Childhood Development.

Applicant's full name: _____

Applicant's signature: _____ Date: ____ / ____ / _____

8. FOR OFFICIAL USE ONLY

Application received by: _____ Date: ____ / ____ / _____

Programme applied for verified: [ ] Yes [ ] No Entry requirements met: [ ] Yes [ ] No

Admission decision: [ ] Admitted [ ] Pending [ ] Not admitted Student / Registration No.: _____

Tuition / fees communicated: [ ] Yes [ ] No Payment evidence checked: [ ] Yes [ ] No

Remarks: _____

_____

Authorised officer: _____ Signature: _____

RABBONI INSTITUTE OF EARLY CHILDHOOD DEVELOPMENT

Location: Bugonga – Entebbe | **Telephone:** 0781 969 275 / 0759 203 029

Website: www.rabboni.ac.ug

Please submit the completed form and supporting documents to the Institute. Keep a copy for your records.