



The Hotel and Tourism Training Institute

FORM/HTTI

APPLICATION FOR ADMISSION TO THE INSTITUTE FOR COURSES OFFERED

Applicants
Photograph

1. Academic Year:
2. Courses applied for (Give preference 1st, 2nd and 3rd)
1st
2nd:
3rd:
3. (a) Surname (Block letters):
(b) Other Names (in full):
(c) Sex :
4. (a) Date of Birth: (b): Place of Birth:
5. Home District:
6. Citizenship: Country of Residence:
7. (a). Marital Status: (b): No of Children:
8. Permanent Address:
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.....
Telephone Number:

“The Centre of Excellence in Hands-on Hospitality Training”

9. Contact Address if different from 8 above:

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10. EDUCATION BACKGROUND:

(a) Uganda Certificate of Education:

Form (School) :
Index No: Year:

Subject:

Grade:

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(b) Uganda Advanced Certificate of Education:

Form (School):
Index No: Year:

Subject:

Grade:

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11. POST SECONDARY EDUCATION:

INSTITUTE ATTENDED NAME	DATES		QUALIFICATION OBTAINED	DATE OBTAINED
	From	To		
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NB; Attach photocopies of 'O' Level and Post Secondary Certificates.

12. EMPLOYMENT RECORD:

EMPLOYER	POST HELD	DATES	
		From	To
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13. SPONSORSHIP:

NAME OF SPONSOR: **RELATIONSHIP:**

ADDRESS: **TELEPHONE:**

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14. Briefly answer the following questions.

(a) Why do you want to join this Institute?

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(b) What is the importance of Tourism to a Country?

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(c) Do you have any Chronic Disease/Disability? If yes briefly state it.

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15. DECLARATION:

I declare that all the information given on this form is correct.

SIGNATURE OF APPLICANT:

DATE:

Please ATTACH THE Receipt of PAYMENT to the FORM.