

Telephone: General Lines:  
0393290327  
E-mail: [info@unmc.ug](mailto:info@unmc.ug)  
[unmcouncil@yahoo.com](mailto:unmcouncil@yahoo.com)  
Website: [www.unmc.ug](http://www.unmc.ug)



Uganda Nurses and Midwives Council  
Ministry of Health  
P.O. Box 4046  
Kampala

## APPLICATION FORM FOR NURSE OR MIDWIFE HEALTH UNIT

In accordance with legislation and policies, an application for private practice will not be issued without the following:

- Brief Curriculum Vitae (CV) with current contacts and physical address
- Proof from Uganda Nurses and Midwives Council (UNMC) that you are registered or enrolled with them (Professional certificates)
- Proof that you are currently licensed to practice by the UNMC (Practicing license)
- Copy of the National ID
- Copy of the name reservation form from registrar of companies
- Two passport size photographs
- If you are currently employed, please attach documentation to confirm this
- Map of the intended location/premises of the facility

**PLEASE NOTE: Applications will NOT be processed without COPIES OF THE REQUIRED ATTACHMENTS. Please review all the requirements and ensure that they are attached**

### APPLICANT PERSONAL DETAILS

Title (Tick the most Suitable): ☐ Mr ☐ Mrs ☐ Ms ☐ Sr. ☐ Dr

Name: \_\_\_\_\_

Professional qualification e.g. Registered Nurse: \_\_\_\_\_

Highest Academic Qualification e.g. Diploma in Nursing: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Street: \_\_\_\_\_  
Plot No: \_\_\_\_\_  
City/Town/TC/Village: \_\_\_\_\_  
Sub county: \_\_\_\_\_  
District: \_\_\_\_\_

Training details:	Year	Institution	Award

Working experience:	<b>Year</b>	<b>Institution</b>	<b>Position</b>
<b>DETAILS OF THE HEALTH UNIT</b>			
Name: _____			
Type of Health Unit: <input type="checkbox"/> Nursing Clinic <input type="checkbox"/> Maternity Home <input type="checkbox"/> General Clinic			
Location:         Street: _____ Plot No: _____ City/Town/TC: _____ Sub county: _____ District: _____			
Services to be offered: _____ _____ _____ _____			
Source of funding: <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Donor <input type="checkbox"/> Others, Specify: _____			