



Harnessing Indigenous Potentials in Africa

Attach, current
Passport-size
photograph

HIPO-Africa
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NOTE:

Transcript copies of both 'O' level and 'A' level result slips/Certificate, other qualifications and birth certificate should be attached to this form.

Initially the selection letter for admission for those who qualify is provisional. It does not give the applicant an entitlement to a place at HIPO-Africa. It is subject to confirmation according to the instructions set in it.

Please fill this form with bold or capital letters

Section A: Programme and Course Choices. <i>(Please tick against the choice)</i>			
Choice of Programme	Organizational Development (OD)		
	Knowledge, Skills and Competence Development (KSCD)		
	Internship Programme (ITP)		
Choice of Course	<i>Organizational Development (OD)</i>		
	HCDC 1	Organizational Capacity Assessment (OCA)	
	HCDC 2	OCA Feedback & Capacity Building Planning	
	HCDC 3	Introduction to OD	
	HCDC 4	Strategic Planning	
	HCDC 5	Financial Management	
	HCDC 6	Project M&E	
	HCDC 7	Resource Mobilization	
	HCDC 8	Project planning & Management.	
	HCDC 9	Other tailor made courses informed by OCA	
	HCDC 10	QM & M&E of OCA interventions	
	<i>Knowledge, Skills and Competence Development Program.</i>		
	HCDC 11	Community Systems Strengthening (CSS)	
	HCDC 12	Most Significant Change Stories (MSCS)	
	HCDC 13	Traditional Healing systems	
	HCDC 14	Training of Trainers	
	HCDC 15	Curriculum Designing	
	HCDC 16	Action Research	
	HCDC 17	Logical Framework to M&E	
	<i>Internship Programme</i>		
HCDC 17	Brief (1 month and bellow)		
HCDC 18	Short term (3 months)		
HCDC 19	Midterm (6 Months)		
HCDC 20	Long term (1 year)		



Section B: Applicant's Personal Information			
1. Biography			
Names: <i>(Use names on academic transcripts)</i>			
Title:			
Gender:			
Date of Birth:			
Country of Residence:			
Nationality:			
Home District:			
Religious Affiliation:		If Christian state denomination;	
Marital Status:	Single:		
	Married <i>(attach a marriage certificate)</i>		
	Others specify		
	Type of marriage		
	Name of spouse		
	Number of Children		
2. Physical Fitness			
Do you have any physical disabilities?	Yes:	No:	
	If yes, specify and share your expectations from HIPo-Africa		
Do you suffer from any colonic disease?	Yes:	No:	
	If yes, specify:		
Any other personal Health issues you wish to share?			
3. Applicants contacts			
Postal contacts	P.O. Box:		Town:
	Country		Zip code:
Telephone:			
E-mail:			
4. Parents/Guardian/Employer/sponsor information:			
	Parents	Guardian/sponsor	Employer
Names:			
Nationality:			
P.O. Box			
Town:			
Telephone:			
E-mail:			
5. Referees: <i>(Give one name of a person in a responsible position from whom confidential information may be obtained about you if necessary)</i>			
Name			
Nationality			
Postal address	P.O Box:	Town:	
	Country		



Section C: Education Background			
<i>Secondary Schools and Colleges attended (Give names dates and qualifications)</i>			
Telephone:			
E-mail:			
Name and address of the school/institution	From	To	Qualifications

Section D: Employment Record			
Names and address of the employer	Designation	From	To

Section E: Reference					
	Superior	Above average	Average	Bellow average	Not applicable
Ability to work with others					
Dependability					
Emotional stability					
Leadership					
Personal integrity					
Spiritual Maturity					
Over all evaluation					

Name of recommender:

Title:

Institution.....

Phone.....

Signature:Date and official



Section F: Declaration.

It should be noted by all applicants that:

- a. Pursuing two or more programmes and courses simultaneously is only acceptable with permission from the HIPO-Africa Management.
- b. All cases of Impersonation, Falsification of Documents or giving False/Incomplete information whenever discovered either at registration or afterwards will lead to automatic CANCELLATION OF ADMISSION and prosecution in the Uganda Courts of Law.

I have noted and understood the implication of giving incomplete/incorrect information. I confirm that all the information given in this form is correct.

Signature of Applicant Date: