



AFCOD-Uganda
Empowering Communities

Attach
Passport Photo

INTERNSHIP APPLICATION FORM

Please complete this form in BLOCK letters as appropriate and submit to the Human Resource manager/Manager Finance & Administration, AFCOD-Uganda, P.O. BOX 26780, KAMPALA, UGANDA (E.A). Complete the information required in BLOCK letters, fill, sign, scan and submit electronically the form to admin@afcoduganda.org or deliver at our office address provided. Incomplete forms will not be accepted. **Please Attach Certified Copies Of Certificates Or Testimonials.**

2. Personal Details

Name of applicant.....Title.....
(Surname).....First Name.....Other Name(s).....(Prof/Dr/Mr/Mrs/Miss/Mr
Date of Birth.....Gender: Male Female
Nationality:.....NIN:.....Passport No:.....Student Reg No:.....
Address:.....Postal Code:.....
Home County:.....District:.....Constituency:.....
Telephone:.....Mobile:.....Email address:.....
Alternative contact person:.....Telephone.....

3. Other Details

Indicate the language(s) you are proficient in.....
Do you suffer from any physical impairment? Yes No
If yes give details:.....
Have you ever been convicted of any criminal offences or a subject of probation order? Yes No
Have you ever been dismissed or otherwise removed from employment? Yes No
If Yes, State reason(s) for dismissal/removal.....effective date:.....

(Declaring the above information will not necessarily debar an applicant from employment in AFCOD-Uganda. Each case will be considered on its own merit).

5. Employment Details

Current employer:.....Position held:.....effective date:.....

Terms of Service Permanent & Pensionable Contract Temporary

Briefly state your current duties, responsibilities and assignments.....

Please give details of your abilities, skills and experience which you consider are relevant to the position applied for: The information may include an outline of your most recent achievements and your reasons for applying.....

6. Personal References

The names of distinguished supervisors/lecturers/persons should not be used unless they really know you well; the names of relatives or those from whom you send testimonials should not be used. The names of members or staff of AFCOD-Uganda should not be used.

Full Name:.....

Address:.....

Telephone No:.....E-Mail address:.....

Occupation:.....

Period for which he/she has known you:.....

Full Name:.....

Address:.....

Telephone No:.....E-Mail address:.....

Occupation:.....

Period for which he/she has known you:.....

Declaration:

I hereby certify to the best of my knowledge that the particulars given on this form are correct and I understand that any incorrect information may lead to disqualification/legal action.

Date:.....

(dd-mm-yyyy)

.....

(Signature of the Applicant)

Complete the form in BLOCK LETTERS, scan and submit electronically to admin@afcoduganda.org

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Field Office: Plot 2 Kadhali Road, Northern Division, Iganga Town Eastern Uganda.

Tel: +256713498535/ +256714404272

Email: admin@Afcoduganda.org/ info@afcoduganda.org

Website: <https://www.afcoduganda.org>

Social Links: Facebook, Twitter, LinkedIn, Skype, Google+ & Youtube: @AfcodUganda

Please Do Attach Copy of University Internship Letter