



OFFICE OF THE ACADEMIC REGISTRAR - LCEA
APPLICATION FORM

ATTACH A
RECENT
PASSPORT
PHOTO HERE

SECTION 1-PERSONAL DATA

Surname;.....Given.....

Name.....

Gender; Sex: Male..... Female

Date of Birth.....Place of Birth.....

Nationality.....Country of Residence:

Religious Affiliation:

Marital Status: Married, single, Widowed

Next of Kin.....Relationship.....contact.....

Home Address.....

Town..... Village.....Parish: Sub

country.....County:

District.....Telephone Contact.....How did you know about us?

SECTION TWO.

Schools and Colleges Attended. (Give Names and Dates)

Year	College/school/institution	Qualifications



LABOUR COLLEGE OF EAST AFRICA

Plot 8-10 Bukasa Road Namuwongo
P.O.Box 4888 Kampala - Uganda
Tel: +25620090430 , 0764 559969
0701111315, 0700992482
Email: info@labourcollege.ac.ug
Web:www.labourcollege.ac.ug

2.2 Uganda Advanced certificate of Education (UACE) OR its Equivalent

UACE SUBJECTS	RESULTS

2.3 UGANDA CERTIFICATE OF EDUCATION OR its Equivalent

UCE SUBJECTS	RESULTS

