

UGANDA BUSINESS AND TECHNICAL EXAMINATIONS BOARD
Plot 7 Valley Drive, Ntinda, P. O. Box 1499, Kampala Uganda
Phone: +256 414 289786, E-mail: info@ubteb.go.ug
Website: www.ubteb.go.ug

For any correspondence on this subject, please quote Ref. No.....

APPLICATION FOR EXAMINATION CENTER FOR THE EXAMINATIONS OF UGANDA BUSINESS AND TECHNICAL EXAMINATIONS BOARD (UBTEB)

Heads of institutions applying for centres for the Examinations of UBTEB are requested to provide information asked for in this form. UBTEB will then arrange to inspect the Institution (if satisfied with the information given on this form) and shall later compile a report for presentation to the respective Board Committees responsible for approval of examination centres.

SECTION A: THE INSTITUTION:

1. (a) Name of Institution: _____
(b) Address: _____
(c) Telephone No: _____ District: _____
(d) Town: _____ Village: _____
(e) E-mail: _____ Fax: _____
(f) Website: _____

2. (a) Name of Head of Institution: _____
(b) Official Title: _____
(c) (i) Professional Qualifications (E.g. B. Eng, BSC. Eng, BSC. Agric, B.Com etc): _____
(ii) Teaching qualification (CTTE, PGDE, etc): _____
(d) UTS No: _____
(e) Teaching Experience: _____
(f) Telephone Contact: _____

3. (a) Category of Institution by funding: (Tick whichever is applicable)
(i) Government grant-aided
(ii) Private

(b) Category of institution by Field of Specialisation (Tick whichever is applicable)

(i) Business

(ii) Technical

(iii) Vocational e.g. Biological

(iv) Others (List below the area/ field of specialization)

If private, state proprietors' Names, Telephone contacts and Address (Attach all relevant documents).

Name: _____ Tel: _____

Address: _____

4. Institution as a Bonafide Education Establishment

(a) Which year was the institution started? _____

(b) Is the institution licensed or fully registered with the Government? YES/NO. State which ever is appropriate: _____

(c) If YES, state when it was inspected by the Ministry of Education and Sports officials before :

(i) Licensing was processed: _____

(ii) Registration was processed. _____

(d) State Registration Number: _____

(Attached photocopy of letter of license or Registration Certificate and Inspection Report of (c) above).

(e) (i) Which is the nearest storage station (e.g. Police Station) to the Institution where Examinations can be stored? (Find out if approved as Storage for UBTEB Examinations).

(ii) Describe the nature of exam storage facility at your institution apart from the one in e (i) above: _____

- (f) What is the distance to the nearest storage station? _____
- (g) Draw or attach a clear sketch showing a direction to the Institution to guide UBTEB officials during inspection. (See section H on page 8).

SECTION B: STUDENTS ENROLLMENT

5. Give numbers of enrolled students in each course offered in your Institution as per year.

	Course Name	Year	No. of Students
(a)	_____	1 st Year	_____
	_____	2 nd Year	_____
	_____	3 rd Year	_____
(b)	_____	1 st Year	_____
	_____	2 nd Year	_____
	_____	3 rd Year	_____
(c)	_____	1 st Year	_____
	_____	2 nd Year	_____
	_____	3 rd Year	_____
(d)	_____	1 st Year	_____
	_____	2 nd Year	_____
	_____	3 rd Year	_____
(e)	_____	1 st Year	_____
	_____	2 nd Year	_____

	Course Name	Year	No. of Students
(f)	_____	3 rd Year	_____
	_____	1 st Year	_____
	_____	2 nd Year	_____
	_____	3 rd Year	_____

6. (a) Has your Institution ever presented candidates for examinations offered by other Examinations Board? _____ YES/NO (Tick whichever is applicable).

Mention them: _____

(b) If YES, which examination centre did you use?

Center Number: _____

Name of Institution: _____

Years of Examination: _____

7. How many candidates do you expect to register for Examinations at first entry if centre is granted?
State as detailed below per course showing the level of each examination.

Course Name	Stage/Level	No. of Candidates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. List any other courses you offer but not examinable by UBTEB

SECTION C: BUILDINGS

9. How many buildings does the Institution have? _____

Permanent structures: _____

Semi permanent structures: _____

(A sketch showing arrangement of the building may be attached separately)

- 10 (a) How many classrooms are there? _____

(b) What are the sizes of classrooms (in metres)? _____

11. (a) Does the Institution have Laboratories, workshops or specially equipped practical rooms for specific fields & courses – such as Typewriting, Tailoring, shoemaking, News casting, hatchery etc?

- (b) State how many for each in 11 (a) above:

12. (a) Does the Institution have an examination hall? _____
(b) If yes, what are the dimensions (in metres) of the hall? _____
(c) How many candidates can sit in the hall if placed 1.2 metres apart? _____
13. (a) Is there an administration block housing the office of the Principal/Head of the Institution?

- (b) Is there a desk with lockable drawers for the Head? _____
(c) Does the office have a lockable cupboard for storage of examinations materials? _____
(d) Material of partition wall (if applicable, please specify) _____
(e) Has it got ceiling? YES/NO _____

SECTION D: FURNITURE

14. How many single seater desks does the Institution have? _____
15. How many chairs? _____ Tables? _____ (specify the type and quantity).

N.B: *A chart of the furniture arrangement may be attached separately.*

SECTION E: EQUIPMENT

16. List the equipment and apparatus available in Workshops, Laboratories, or other special rooms.
This should include the quantity available against each course.

(b) How will the question papers and scripts be temporarily stored at the Centre/Institution each day while examination is in progress? _____

(c) Who will be responsible for delivery of Course Work Assessment Marks to UBTEB Offices?
(where applicable, note that standard forms are to be used)

Name of person: _____

Title: _____

Telephone: _____

SECTION G: TEACHING STAFF

18. Please furnish a list of staff giving the details of their professional, Academic and Teaching Qualifications as shown below (attach extra sheet id necessary):

TEACHER	QUALIFICATIONS	YEAR REG. NUMBER	DATE OF APPOINTMENT	FULL/PART TIME

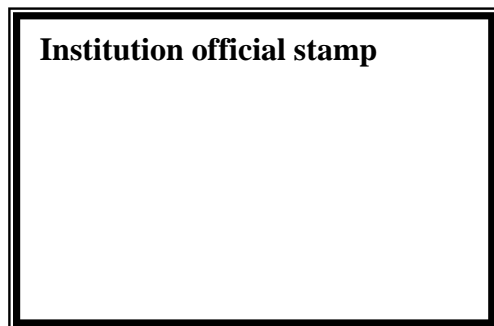
SECTION H: DECLARATION

19. I certify that the information given in this form is true and correct to the best of my knowledge and that if this Institution is accepted as an examination center, the Institution’s administration shall accept the responsibility of conducting the examinations according to the Board’s regulations.

NAME OF HEAD: _____

SIGNATURE: _____

DATE: _____



NB: Please fix this Application Form in a plastic folder together with all accompanying documents and submit it to the Executive Secretary, Uganda Business and Technical Examinations Board , P. O. Box 1499, Kampala-Uganda, UBTEB office in Ntinda, Plot 7, Valley Drive, about 500 metres from Ntinda Town Centre along Ntinda – Kyambogo road.

20. Draw a sketch map here below or attach separately showing direction to the institution or attach a larger one if necessary. *(Please avoid giving a site plan of the institution's structure)*

Figure 1: Draw a map to your institution from the nearby town centre.

BANK ACCOUNT DETAILS

Uganda Business and Technical Examinations Board (UBTEB)

Account number: 9030005776596

Stanbic bank, Metro branch