



Uganda Association of Private Vocational Institutions

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Your Partner in Skills Development

UGAPRIVI Member Registration and Data Collection Form

Date: _____

This data collection form is intended to get information from the UGAPRIVI members on first registration as a member or on the subsequent submission of information. This form is filled annually, at the beginning of the academic year. This will be treated as confidential and will be used for research and planning. Copies are made from the filled form for the member institution and the regional office and the original is submitted to the National Secretariat.

1. YOUR INSTITUTION

Name of the Institution _____

Year of establishment _____

UGAPRIVI Region Central South South-West West A
 West B West Nile North East A East B

District _____ Sub-county _____ Plot No. _____

Description _____

P.O. Box / Town _____

Phone _____ Other Phone _____

Email address _____

Website _____

Principal _____

Phone _____ Other Phone _____

2. TYPE OF THE INSTITUTION

Entry Requirements PLE UCE UACE Non formal

Sex Mixed Girls Boys

Boarding Facilities Day Boarding Day and Boarding

Location Urban Peri-Urban Rural Rural & very remote

3. REGISTRATION

Ministry of Education and Sports No. _____ Date _____

UBTEB Business Exams Centre No. _____ Date _____

UBTEB Technical Junior Exams No. _____ Date _____

UBTEB Technical Certificate Exams No. _____ Date _____

UBTEB Technical Diploma Exams No. _____ Date _____

DIT Exams and Assessment No. _____ Date _____

NCHE Provisional License No. _____ Date _____

NCHE Certificate of Reg. & Classification No. _____ Date _____

UGAPRIVI Registration No. _____ Date _____

Other _____

Affiliations to other Institutions _____

Does the Institution have other campuses? _____

4. OWNERSHIP

Type of ownership Private NGO Religious

Government Other

Director _____

Phone _____ Other Phone _____

Email address _____

Website _____

5. BOARD OF GOVENORS / GOVERNING COUNCIL

No.	Name	Sex	Appoint-ment Date	Expiry Date	Body Represented					Position in Council/Board								
					Political / Civil	Professional	Business	Clergy	Other	Chairman	Vice Chairman	Secretary	Treasurer	Member	Other			
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

7. ADMINISTRATIVE STAFF

No	Name	Sex	Position	Qualification						
				PhD	MA	MSc	BA	BSc	Diploma	Certificate
1										
2										
3										
4										
5										
6										
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8. PROGRAMMES OFFERED AND ENROLMENT

No	Programme/Course	Level					Year one		Year two	
		Certificate	Diploma	Bachelor	Master	Non formal	Male	Female	Male	Female
1										
2										
3										
4										
5										
6										
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22										

UGAPRIVI is emphasising training with production, which of the above programmes have been embedded into production and what are you producing? _____

9. BASIC PHYSICAL TRAINING FACILITIES & INFRASTRUCTURE

Buildings

	Permanent	Temporary	Size	Owned/Rented	Total
Classrooms					
Workshops					
Staff Rooms					
Library					
Store					
Offices					
Examination Hall					

Land

No	Description	Surveyed/Un-surveyed	Address	Hectares	Rented/Owned
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Machinery and Equipment

No	Type	Brand/Model	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Water and Sanitation

Source of water: National Water Borehole
 Community Well Rain Water
 Stream/River Other

How many stances of pit latrines do you have? Male ____ Female ____

How many bathrooms/shelters do you have? Male ____ Female ____

Means of Communication and Power Source

How many vehicles does your institution have? _____

Source of power UMEME Solar Generator
 Other No power

10. EXTERNAL SUPPORT

Does your Institution receive external donor support? Please specify.

11. MONITORING AND INSPECTION

Have you been inspected by any government organ? Please specify and attach the report.

12. PARENTS/COMMUNITY INVOLVEMENT

How often do you hold open days (in a year)? _____

How often do you hold parents days (in a year)? _____

How often do you hold sports days (in a year)? _____

How often do you hold exhibition days (in a year)? _____

Others _____

How many students do you send for Industrial Training (per year)? _____

Do you conduct tracer studies? What's the impact in Percent?

Formally Employed _____

Self Employed _____

Unemployed _____

13. MEDICAL FACILITIES

Do you have a clinic at your Institution? If not how far is the next medical facility? _____

14. CONFIRMATION

Title: _____

Name: _____

Date: _____

Signature: _____

Thank you very much for your participation!