

**BRIGHT WELL VETERANS' EMPOWERMENT INITIATIVE UGANDA (BIVET)**

**VETERANS INFORMATION FORM**

**CONFIDENTIAL WHEN COMPLETED**

(For Database and Empowerment Program Registration)

**NOTE:** This form is provided free of charge by Bright Well Veterans Empowerment Initiative (BIVET) and is not for sale.

**1. VETERAN PERSONAL INFORMATION**

- a) Army Number: \_\_\_\_\_ Rank; \_\_\_\_\_
- b) National ID Number: \_\_\_\_\_
- c) Names in Full: \_\_\_\_\_
- d) S/o or D/o: \_\_\_\_\_
- e) Gender (Male/Female): \_\_\_\_\_
- f) Date of Birth (YYYY/MM/DD): \_\_\_\_\_
- g) Date of entry into NRA/UPDF/Others: \_\_\_\_\_
- h) Date of retirement: \_\_\_\_\_
- i) Last Appointment: \_\_\_\_\_
- j) NOK: : \_\_\_\_\_
- k) Marital Status: Married Divorced Separated  Customary  Widower  Single
- l) Type of Army:  UPDF, Ex-servicemen / Ex-servicewomen of  NRA  FRONASA  UNLA  UD  FEDEMO  UFM,  UNRF  ex-LDUs  ex-Arrow Boys  ex-ADF  ex-Rwenzururu  ex-LRA
- m) Veteran Status (Alive/Deceased): \_\_\_\_\_ (If deceased, provide: Date of Death and District where he/she was buried) \_\_\_\_\_
- n) Category of Membership:  Ordinary  Associate  Honorary  Institutional
- o) Reasons for Joining / Motivation: \_\_\_\_\_
- p) Referee: \_\_\_\_\_

**2. CONTACT DETAILS AFTER RETIREMENT**

If the veteran is deceased, provide contact details of dependents.

- a) BIVET Branch: \_\_\_\_\_
- b) District of origin, County & Region; \_\_\_\_\_
- c) Sub County, Parish and Village: \_\_\_\_\_
- d) Telephone Number: \_\_\_\_\_
- e) Residential Address: \_\_\_\_\_
- f) Postal Address: \_\_\_\_\_
- g) Contact Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Alt. Cell \_\_\_\_\_

h) Email \_\_\_\_\_

### 3. EDUCATION BACKGROUND

a) Level of Education of Education before Retirement:

\_\_\_\_\_

b) Last School Attended: \_\_\_\_\_ Highest Grade: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

c) Diploma/Degree: \_\_\_\_\_ Institution: \_\_\_\_\_ Date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

d) Course/Skill: \_\_\_\_\_ Institution: \_\_\_\_\_ Date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

### 4. FURTHER EDUCATION / SKILL TRAINING REQUIREMENT

Do you require further education or skill training?  Yes  No

If yes, list in order of preference: 1)\_\_\_\_\_ 2)\_\_\_\_\_ 3)\_\_\_\_\_ 4)\_\_\_\_\_ 5)\_\_\_\_\_

### 5. EMPLOYMENT STATUS

Please provide details of your current and past employment, including any self-employment or entrepreneurial activities. This information helps in planning veteran support programs, skills development, and economic empowerment initiatives

Employed  Unemployed  Pensioner  Self-Employed

Employer/Business Name: \_\_\_\_\_ Reg. No: \_\_\_\_\_

Short Profile: \_\_\_\_\_

### 6. MEDICAL INFORMATION

Please provide details of your current and past medical conditions, treatments, and any disabilities or special health requirements. This information helps in accessing appropriate healthcare, benefits, and support services. Attach supporting medical documents where available.

a) Health Status: \_\_\_\_\_ Chronic Illnesses: \_\_\_\_\_

b) Disabilities: \_\_\_\_\_ Injury on Duty:  Yes  No

c) Receive Military Pension for Disability?  Yes  No

d) Receive Compensation?  Yes  No

e) Remarks: \_\_\_\_\_

f) Use of Military Health Facilities:  Yes  No

## 7. GOVERNMENT COMPENSATION / PENSION

Please provide details of any financial entitlements, compensation, or pension received from the Government of Uganda in recognition of your military service. Include information on both ongoing and past payments, and attach supporting documents where applicable.

### Type of Benefit

- a) Pension \_\_\_\_\_
- b) Compensation \_\_\_\_\_
- c) Other Allowances \_\_\_\_\_

## 8. VETERANS ORGANIZATION MEMBERSHIP

Please provide details of your membership in any recognized veterans' associations, military societies, or ex-service groups. This includes local, national, and international organizations that support military veterans.

- a) Organization: \_\_\_\_\_ Membership Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- b) Organization: \_\_\_\_\_ Membership Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- c) Organization: \_\_\_\_\_ Membership Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 9. ORDERS / MEDALS

Please indicate any official decorations, awards, commendations, or medals received during or after your military service.

| Award / Medal Name | Issuing Authority | Year Awarded |
|--------------------|-------------------|--------------|
| 1. _____           | _____             | _____        |
| 2. _____           | _____             | _____        |
| 3. _____           | _____             | _____        |

## 10. HOBBIES / INTERESTS

Please provide information about your personal interests, recreational activities, and hobbies. This helps BIVET understand your lifestyle, identify potential community engagement opportunities, and tailor programs for social, cultural, and wellness support.

- Sports (football, volleyball, athletics)  Arts and crafts (painting, sculpture, carpentry)
- Music, singing, or performing arts  Gardening, farming, or animal care
- Reading, writing, or research  Volunteering or community service activities
- Technology, coding, or digital skills

## 11. DEPENDANTS

This section collects information about your spouse, partner, children, or other individuals who are legally or financially dependent on you. Accurate information helps BIVET and related agencies plan welfare, education, medical, and support programs for veterans' families.

*(Attach additional pages if the number of dependents exceeds the space provided.)*

Are your dependents covered medically?

Yes  No

Spouse/Partner: \_\_\_\_\_ Gender:  Male  Female NIN: \_\_\_\_\_

SPOUSES 1

2

3

### CHILDREN

#### Child 1

- a) Gender:  Male  Female
- b) Full Names: \_\_\_\_\_
- c) Surname: \_\_\_\_\_
- d) ID Number: \_\_\_\_\_
- e) Education:  Primary (P)  Secondary (S)  Tertiary (T)
- f) Highest Grade/Level Passed: \_\_\_\_\_
- g) Date Passed: \_\_\_\_\_
- h) Does your child need a bursary?  Yes  No
- i) Study Direction / Course (Tertiary Students): \_\_\_\_\_

#### Child 2

- a) Gender:  Male  Female
- b) Full Names: \_\_\_\_\_
- c) Surname: \_\_\_\_\_
- d) ID Number: \_\_\_\_\_
- e) Education:  Primary (P)  Secondary (S)  Tertiary (T)
- f) Highest Grade/Level Passed: \_\_\_\_\_
- g) Date Passed: \_\_\_\_\_
- h) Does your child need a bursary?  Yes  No
- i) Study Direction / Course (Tertiary Students): \_\_\_\_\_

#### Child 3

- a) Gender:  Male  Female
- b) Full Names: \_\_\_\_\_

- c) Surname: \_\_\_\_\_
- d) ID Number: \_\_\_\_\_
- e) Education (Indicate the educational institution your child is currently attending):
- f)  Primary (P)    Secondary (S)    Tertiary (T)
- g) Highest Grade/Level Passed: \_\_\_\_\_
- h) Date Passed: \_\_\_\_\_
- i) Does your child need a bursary?  Yes    No
- j) Study Direction / Course (Tertiary Students): \_\_\_\_\_

**Child 4**

- a) Gender:  Male    Female
- b) Full Names: \_\_\_\_\_
- c) Surname: \_\_\_\_\_
- d) ID Number: \_\_\_\_\_
- e) Education:  Primary (P)    Secondary (S)    Tertiary (T)
- f) Highest Grade/Level Passed: \_\_\_\_\_
- g) Date Passed: \_\_\_\_\_
- h) Does your child need a bursary?  Yes    No
- i) Study Direction / Course (Tertiary Students): \_\_\_\_\_
- j) Are dependents medically covered?  Yes    No

**DECLARATION**

I declare that the information provided is true and correct to the best of my knowledge and supplied voluntarily. Endorse the applicant's Signature & Date

Signature (Digital or Handwritten): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY**

Receiver: \_\_\_\_\_ Rank: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Data Clerk: \_\_\_\_\_ Rank: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Checked by: \_\_\_\_\_ Rank: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

BIVETU Region where it is completed: \_\_\_\_\_