



THE NAIROBI HOSPITAL

CICELY McDONELL COLLEGE OF HEALTH SCIENCES

APPLICATION FOR ADMISSION INTO NURSING TRAINING (TICK (✓) where applicable)

NEW ADMISSION

TRANSFER

- | | |
|--|--|
| 1. KENYA REGISTERED NURSING (KRN) <input type="checkbox"/> | 4. PERI-OPERATIVE NURSING(KRPN) <input type="checkbox"/> |
| 2. CRITICAL CARE NURSING (KRCCN) <input type="checkbox"/> | 5. NEONATAL NURSING (KRNeon) <input type="checkbox"/> |
| 3. TRAUMA AND EMERGENCY (KRTEN) <input type="checkbox"/> | 6. ONCOLOGY NURSING (KRON) <input type="checkbox"/> |
| | 7. NEPHROLOGY NURSING <input type="checkbox"/> |

Please complete this form in **BLOCK LETTERS** and return to: **The Principal, Cicely McDonell College of Health Sciences, The Nairobi Hospital, P.O Box 30026 - 00100, NAIROBI.** Attach Application Fee (non-refundable) of Kshs. 2,000/= in form of Bankers Cheque payable to 'KENYA HOSPITAL ASSOCIATION' or Pay by MPESA at the Nairobi Hospital Admission's Office.

Attach copies of the following:

1. KCSE Certificate(s) or result slip.
2. School leaving certificate.
3. ID/Passport

For TRANSFER applicants, attach the following:

1. Current academic transcript
2. Recommendation letter from transfer out institution

For Critical Care Nursing, Trauma and Emergency, Peri-operative Course, Neonatal Nursing, and Oncology Nursing include:

1. Registration certificate from the Nursing regulatory body e.g. Nursing Council of Kenya
2. Valid Practise license
3. Curriculum Vitae

THE APPLICATION WILL ONLY BE CONSIDERED IF THE ABOVE REQUIREMENTS ARE MET

Section A: Applicant's Personal Details

1. Full Name _____
(Surname) (First name) (Middle name)
 2. Date of birth (DD/MM/YYYY) __ __/ __ __/ ____ Gender (tick✓): Male Female
 3. Nationality _____ ID/Passport no: _____
 4. Contact details: Postal address _____ Code _____ Town _____
 5. Mobile no. a) _____ b) _____
- E-mail Address _____

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Section B: Parent's/Guardian's Information

1. Full Name _____
2. Mobile no. _____ E-mail address _____

Section C: Applicant's Education Background

Please list all schools/colleges attended and qualifications obtained.

	Name of Secondary School/College	YEAR		Grade/qualifications obtained
		From	To	
1.				
2.				
3.				

Section D: For Transferring candidate (if applicable)

Course transferring from: _____ College transferring from _____

Month and year training commenced: _____ Index No. _____

Reason for transferring: _____

Are you currently in training: _____ If No, Indicate the reason _____

Section E: Applicant's working experience (if applicable)

	YEAR		EMPLOYER	WORK STATION/ DEPARTMENT	POSITION/ DESIGNATION
	From	To			
1.					
2.					
3.					
4.					

Section F: Applicant's Declaration

I declare that the information given in this form is true and complete to the best of my knowledge.

Applicant's full name _____ ID/Passport no. _____

Date _____ Applicant's signature _____

RECOMMENDATION (FOR OFFICIAL USE ONLY)

Recommended for Interview?

 Yes

 No

Name _____ Signature _____ Date _____

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