



THE NAIROBI HOSPITAL

CICELY McDONELL COLLEGE OF HEALTH SCIENCES

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

1. KENYA REGISTERED NURSING (KRN)
2. CRITICAL CARE NURSING (CCN)
3. ACCIDENT AND EMERGENCY (A/E)
4. PERI-OPERATIVE NURSING
5. NEONATAL CRITICAL CARE NURSING
6. ONCOLOGY NURSING

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. 1300/= in form of Bankers Cheque payable to 'KENYA HOSPITAL ASSOCIATION'.

Attach copies of the following:

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

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

4. Registration certificate from relevant regulatory body e.g. Nursing Council of Kenya registration certificate
5. Practicing license
6. 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. Postal address _____ Code _____ Town _____
3. Mobile no. a) _____ b) _____
- 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.				
4.				

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

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

Section E: 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

Signed _____

Date and stamp _____