



THE NAIROBI HOSPITAL

(INCORPORATING THE CICELY McDONELL SCHOOL OF NURSING)

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. MIDWIFERY
5. PERI-OPERATIVE COURSE

Please complete this form in **BLOCK LETTERS** and return to: **The Principal, The Nairobi Hospital-Cicely McDonell School of Nursing, P.O Box 30026 - 00100, NAIROBI.** Attach Application Fee (non-refundable) in form of Bankers Cheque (Kshs.1,300/=) Payable to 'THE NAIROBI HOSPITAL' or Pay cash at The Nairobi Hospital - Admissions Centre, Cashiers counter.

Attach copies of the following:

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

For Critical Care Nursing, Accident and Emergency and Midwifery include the following:

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 _____

Healthcare with a difference!

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 _____