

Tenwek Hospital College School of Health Sciences P.O. Box 39-20400 Bomet

Phone: 0736-568177/0728-091900 Email: <u>shs@tenwekhosp.org</u>

Dear Date:

Thank you for your interest to apply as a student at Tenwek Hospital College-School of Health Sciences. This is a programme to train **Higher Diploma in Critical Care Nursing** which lasts for a period of two years. We are now taking applications for September 2025 class.

Enclosed is the application form. Remember that your application will not be considered unless you have sent us **ALL** of the following:

- 1. The application form with ALL the questions answered. This includes the essay questions. Please make sure that you give the correct contacts for your references.
- 2. A photostat COPY of your KCSE results.
- 3. A photostat COPY of your secondary school leaving certificate.
- 4. A photostat COPY of your NATIONAL ID Card.
- 5. A photostat COPY of your valid nursing practice license from N.C.K
- 6. A photostat COPY of your Diploma/ degree in nursing.
- 7. A NON-REFUNDABLE application fee of KSh. 1,500/= (No personal cheques or cash is accepted). Payment to be made to K.C.B account number: 1118320271 or Lipa na M-PESA PAYBILL: Business Number: 522522. Account number 1118320271 and make sure you share message details and your names ASAP.

PLEASE REMEMBER:

- 1. Applications should be sent to the above address AS SOON AS POSSIBLE. Your application Is NOT complete until we have all the copies mentioned above.
- 2. All applications must be complete (including references) and in the school office as soon as possible and not later than by 15th May. Please note that application will be closed as soon as the number required is full.
- 3. If you are selected to come for an interview, you will receive an invitation via SMS giving you further information.
- 4. If you are invited for an interview, you will be personally responsible for all your travel expenses (including food and lodging if any should be necessary).

Please See the Back Side of This Page for More Information

5. We accept applicants whose doctrine and Statement of Faith are consistent with those of Africa Gospel Church. The applicants who do not meet this criterion may be considered on individual basis. Our desire is to accept applicants who are committed Christians.

NB: Please note that by applying you are not guaranteed for admission and only Shortlisted candidates shall be contacted for interviews.

At present, the student's cost of this programme is KSh. 310,100/=. This covers for food (10 O'clock tea and lunch), Tuition fee and ACLS/BLS.

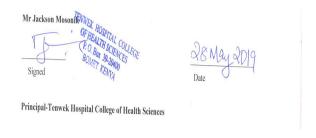
It does NOT include accommodation, uniform, NCK indexing fee and NCK final exam fee.

If you are accepted, a **non-refundable** deposit of KSh. 100,000/= is to be sent prior to beginning of the training. The remaining amount will be paid in 3 installments. You will be informed on the timelines of the payment.

We are looking forward to getting your application. We will inform you via SMS, if you are selected to come for the interview.

Please be SURE that the mobile numbers that you give us are correct in order to avoid delays.

Sincerely in Christ,



Enclosure

JM:ak

APPLICATION FOR HIGHER DIPLOMA IN KENYA REGISTERED CRITICAL CARE NURSING

TENWEK HOSPITAL COLLEGE-SCHOOL OF HEALTH SCIENCES

		Date:					
A. PERSONAL DETAILS FULL NAME (BLOCK LETTERS) PRESENT POSTAL ADDRESS							
email addressDATE OF BIRTHNO. OF CHIL ADDRESS OF SPOUSE:NO.				COUNTY AGESEXSINGLE/MARRIED DREN YOU HAVE:AGES OF CHILDREN			
Living? Yes No	AME OF FATHER NAME OF MOTHER Living? Yes No			(SPELL NAME OUT) GUARDIAN (WHAT RELATION)			
ADDRESS: MOBILE NO.				OCCUPATION			
B. SECONDARY OR HIG	H SCHOOL	YOU ATTEN	VDED:				
NAME OF SCHOOL	ADRESS	YEAR	MEA	AN GRADE ATTAINED			
C. COLLEGES/ UNIVERS NAME TRAINING INSTITUTION	ADRESS	NDED: YEAR	QUA	ALIFICATION ATTAINED			
D. MUDGING COUNCIL I	LCENCE NI	IMPED.					
D. NURSING COUNCIL I E. NAME OF CURRENT							

F. FORMER EMPLOYERS

NAME	ADRESS	DURATION

F. WHAT POSITIONS OF LEADERSHIP IN CHURCH OR IN YOUR WORKPLACE HAVE YOU HELD? a)						
b)						
c)						
		ES OF PEOPLE FROM WHO				
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6. How did you get to know about Tenwek Hospital College, School of Health Sciences (formerly Tenwek School of Nursing)

Application for Higher Diploma in critical care nursing programme - Tenwek Hospital College of Health Sciences

NAM Any h	E: nereditary or important	TORY - To be filled by t diseases in the family (e	e.g. Tuberc	ulosis)			
MAR	K EVERY SPACE BE WRITE "YES" IN TH		ES TO YO	J.			
1.	Depression	_; Nervous Breakdown _	;	Use of alcoho	ol	_; Smokes _	
2.	Frequent Headaches	; Frequent Col	lds	; Frequent	Fever/Ma	laria	_
3.	Ear Ache/Discharge Seeing Problems	; Hearing Proble	ems	; Painful E	yes	;	
4.	Epilepsy;	Fits; Fainting; Head Injuries	Attacks	; Diz.	ziness	;	
5.	Tuberculosis	; Diabetes;	Kidney Di	sease	; Heart	Disease	;
	Chest Problems	; Asthma	_; Heartbu	rn/Indigestion	1	_	
6.	Ever admitted to the	hospital or health centre		Date(s)			
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7.		cines Regular on for any "YES" in No.		edicine			
Any o	other information about	your health, (For female	e applicant	s indicate if y	ou are pre	egnant)	
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best o any m	of my knowledge they a nisleading statements.	carefully considered the authorized and correct.					
DATE	7	CICNIATI	IDE OF A	DDI ICANT			