



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

Phone: 0736-568177/0728-091900

Email: [shs@tenwekhosp.org](mailto:shs@tenwekhosp.org)

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 Trauma and Emergency Nursing** which lasts for a period of two years. We are now taking applications for April 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. If married - - A photostat **COPY** of your marriage certificate.
8. If married - - A photostat **COPY** of your youngest child's birth certificate. The youngest child **MUST** be a year old before training begins.
9. 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 28<sup>th</sup> February. 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. 450,000/=. 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 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,

Mr Jackson Mosonik



Signed

TENWEK HOSPITAL COLLEGE  
OF HEALTH SCIENCES  
P. O. Box 39-20400  
BOMET KENYA

Principal-Tenwek Hospital College of Health Sciences

Enclosure

JM:ak

**APPLICATION FOR HIGHER DIPLOMA IN KENYA REGISTERED TRAUMA AND  
EMERGENCY NURSING  
TENWEK HOSPITAL COLLEGE-SCHOOL OF HEALTH SCIENCES**

Date: \_\_\_\_\_

**A. PERSONAL DETAILS**

FULL NAME (BLOCK LETTERS) \_\_\_\_\_ ID NUMBER \_\_\_\_\_  
PRESENT POSTAL ADDRESS \_\_\_\_\_ MOBILE NO. \_\_\_\_\_

email address \_\_\_\_\_ COUNTY \_\_\_\_\_

NATIONALITY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ SINGLE/MARRIED \_\_\_\_\_  
NAME OF SPOUSE: \_\_\_\_\_ NO. OF CHILDREN YOU HAVE: \_\_\_\_\_ AGES OF CHILDREN \_\_\_\_\_  
ADDRESS OF SPOUSE: \_\_\_\_\_ OCCUPATION OF SPOUSE: \_\_\_\_\_

NAME OF LOCAL CHURCH \_\_\_\_\_ DENOMINATION \_\_\_\_\_

NAME OF FATHER \_\_\_\_\_ NAME OF MOTHER \_\_\_\_\_ GUARDIAN (SPELL NAME OUT)  
Living? Yes \_\_\_ No \_\_\_ Living? Yes \_\_\_ No \_\_\_ If applicable (WHAT RELATION)

OCCUPATION _____	OCCUPATION _____
ADDRESS: _____	ADDRESS _____
MOBILE NO. _____	MOBILE NO. _____

**B. SECONDARY OR HIGH SCHOOL YOU ATTENDED:**

NAME OF SCHOOL	ADDRESS	YEAR	MEAN GRADE ATTAINED

**C. COLLEGES/ UNIVERSITYS ATTENDED:**

NAME TRAINING INSTITUTION	ADDRESS	YEAR	QUALIFICATION ATTAINED

**D. NURSING COUNCIL LICENCE NUMBER:** \_\_\_\_\_

**E. NAME OF CURRENT EMPLOYER** \_\_\_\_\_

## F. FORMER EMPLOYERS

NAME	ADRESS	DURATION

## F. WHAT POSITIONS OF LEADERSHIP IN CHURCH OR IN YOUR WORKPLACE HAVE YOU HELD?

- a)
- b)
- c)

## G. NAME AND ADDRESSES OF PEOPLE FROM WHOM WE CAN GET REFERENCES:

1. PASTOR OF YOUR CHURCH: Name: \_\_\_\_\_  
Address \_\_\_\_\_ TEL./MOBILE NO. \_\_\_\_\_
2. ANOTHER LEADER IN YOUR CHURCH (not a relative): Name \_\_\_\_\_  
Address \_\_\_\_\_ TEL./MOBILE NO. \_\_\_\_\_
3. A PERSON WHO IS NOT YOUR RELATIVE WHO HAS KNOWN YOU FOR MORE THAN FIVE YEARS: Name: \_\_\_\_\_  
Address \_\_\_\_\_ TEL./MOBILE NO. \_\_\_\_\_

## H. ESSAY QUESTIONS TO WRITE ON SEPARATE PAPER: These must be handwritten

1. Describe when and how you became a Christian and what has happened since.
2. Write a paragraph on why you want to be a critical care nurse.
3. Describe how a nurse can have a Christian witness.
4. Write an essay on your family and community.
5. Who will pay for your school fees? What is their source of income?
6. How did you get to know about Tenwek Hospital College, School of Health Sciences (formerly Tenwek School of Nursing)

### FOR OFFICE USE ONLY

Appl. Fee \_\_\_\_\_  
License \_\_\_\_\_  
Diploma/ Degree \_\_\_\_\_  
Essay Quest. \_\_\_\_\_  
Ref. Received \_\_\_\_\_

**Application for Higher Diploma in Trauma and Emergency nursing programme - Tenwek Hospital  
College-School of Health Sciences**

**MEDICAL HEALTH HISTORY-** To be filled by the applicant:

NAME: \_\_\_\_\_

Any hereditary or important diseases in the family (e.g. Tuberculosis)

If yes specify \_\_\_\_\_

**MARK EVERY SPACE BELOW.**

WRITE "YES" IN THE SPACE IF IT APPLIES TO YOU.

WRITE "NO" IN THE SPACE IF IT DOES NOT APPLY TO YOU.

1. Depression \_\_\_\_\_; Nervous Breakdown \_\_\_\_\_; Use of alcohol \_\_\_\_\_; Smokes \_\_\_\_\_

2. Frequent Headaches \_\_\_\_\_; Frequent Colds \_\_\_\_\_; Frequent Fever/Malaria \_\_\_\_\_

3. Ear Ache/Discharge \_\_\_\_\_; Hearing Problems \_\_\_\_\_; Painful Eyes \_\_\_\_\_;

Seeing Problems \_\_\_\_\_

4. Epilepsy \_\_\_\_\_; Fits \_\_\_\_\_; Fainting Attacks \_\_\_\_\_; Dizziness \_\_\_\_\_;

Blackouts \_\_\_\_\_; Head Injuries \_\_\_\_\_

5. Tuberculosis \_\_\_\_\_; Diabetes \_\_\_\_\_; Kidney Disease \_\_\_\_\_; Heart Disease \_\_\_\_\_;

Chest Problems \_\_\_\_\_; Asthma \_\_\_\_\_; Heartburn/Indigestion \_\_\_\_\_

6. Ever admitted to the hospital or health centre \_\_\_\_\_ Date(s) \_\_\_\_\_

Any surgical operations \_\_\_\_\_ Date(s) \_\_\_\_\_

WRITE EXPLANATIONS HERE for any "YES" in numbers 1 through 6 above

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7. Frequent use of medicines \_\_\_\_\_ Regular use of Medicine \_\_\_\_\_

Give more information for any "YES" in No. 7

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Any other information about your health, (For female applicants indicate if you are pregnant)

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I hereby declare that I have carefully considered the statements made above (on pages one and two) and to the best of my knowledge they are complete and correct. I have not withheld any important information or made any misleading statements.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_