



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

Phone: 0736-568177/0728-091900

Email: 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 **Kenya Registered Community Health Nursing (KRCHN)** which lasts 3 years. We are now taking applications for September 2026 class and March 2027

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 with ALL the questions answered. This includes the essay questions. Please make sure that you give the correct addresses for your references.
2. A photostat COPY of your KCSE results.
3. A photostat COPY of your school leaving certificate.
4. A photostat COPY of your ID Card.
5. If married - - A photostat COPY of your marriage certificate.
6. If married - - A photostat COPY of your youngest child's birth certificate. The youngest child **MUST** be a year old before training begins.
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 photocopies of your KCSE results and school leaving certificate.
2. Please remember that it is **USELESS** to fill out this application if you have not taken the KCSE and obtained:
 - KCSE Aggregate Score of C (plain)
 - Mandatory Subjects: C (plain) in English or Kiswahili
 - Mandatory Subjects: C (plain) in Biology (or Biological Sciences)
 - Additional Subjects: C- in any of the following: Mathematics, Physics, Chemistry, Physical Science

3. **All applications must be complete (including references) and in the school office as soon as possible. Please note that application will be closed as soon as the number required is full.**
4. If you are selected to come for an interview, you will receive an invitation letter giving you further information. Please note that at the time of interview you must pass entrance exams on English and Mathematics to be considered for acceptance.
5. 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

6. 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. 570,100/= this covers tuition, accommodation, textbook fee, food and transportation to your clinical experiences. You are also required to additional cost of 31,100 i.e. uniform fee of Kshs. 5,000/=Registration fee, 2000, Identity Card 500 and other requirements. Making a total Of Kshs, 601,200

If you are accepted, a **non-refundable** deposit of Kshs. 85,000/= and textbook fee of Kshs. 15,000/= is to be sent prior to college's beginning. The remaining will be paid in installments. Please note that fee may be revised at the discretion of the college management.

We are looking forward to getting your application according to the directions above. We will send a letter to your postal address to inform you IF you are selected to come for interview.

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

Sincerely in Christ,

Mr Jackson Mosonik

Signed


Principal-Tenwek Hospital College of Health Sciences

Enclosure

JM:ak

**APPLICATION FOR REGISTERED COMMUNITY NURSE PROGRAMME
TENWEK HOSPITAL COLLEGE-SCHOOL OF HEALTH SCIENCES**

Date: _____

Have you applied to our school before? _____ When? _____ Did you come to interview? _____

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 _____
(SPELL NAME OUT)

NAME OF FATHER _____	NAME OF MOTHER _____	GUARDIAN _____ (WHAT RELATION)
Living? Yes ___ No ___	Living? Yes ___ No ___	If applicable _____

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

NAME AND ADDRESS OF SECONDARY OR HIGH SCHOOL YOU ATTENDED: _____
NAME OF PRINCIPAL _____

Year sat for KCSE: _____	KCSE AGGREGATE SCORE: _____	PHOTOCOPIES OF KCSE AND OTHER REQUESTED DOCUMENTS RESULTS <u>MUST</u> BE ATTACHED
KCSE SCORES: _____	ENGLISH: _____ MATHEMATICS: _____	
	BIOLOGY: _____	

WHAT ORGANIZATIONS HAVE YOU BEEN A MEMBER OF? _____

WHAT POSITIONS OF LEADERSHIP IN CHURCH OR SCHOOL HAVE YOU HELD? _____

HAVE YOU TAKEN ANY COURSES SINCE TAKING KCE or KCSE? YES/NO EXPLAIN: _____

IF YOU HAVE WORKED ANYWHERE, GIVE REFERENCE, ADDRESS, AND LENGTH OF TIME THERE. _____

ANY NURSING EXPERIENCE: (GIVE NAME OF HOSPITAL OR HEALTH CENTRE, ADDRESS AND LENGTH OF TIME WORKED) _____

NAME AND **ADDRESSES** OF PEOPLE FROM WHOM WE CAN GET REFERENCES:

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

QUESTIONS TO WRITE ON SEPARATE PAPER: **These must be handwritten**

- Describe when and how you became a Christian and what has happened since.
- Write a paragraph on why you want to be a nurse.
- Describe how a nurse can have a Christian witness.

FOR OFFICE USE ONLY
Appl. Fee _____
K.C.S.E. _____
School Leav. Cert. _____

4. Write an essay on your family and community.
5. Who will help pay for your school fees? What is their source of income?
6. How did you get to know about Tenwek College of Health Sciences (formerly Tenwek School of Nursing)

Essay Quest. _____
Ref. Received _____

PAGE 2 Application for RCHN programme - Tenwek Hospital College 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

7. Frequent use of medicines _____ Regular use of Medicine _____

Give more information for any “YES” in No. 7

Any other information about your health:

For FEMALE applicants ONLY:

Date of last menstrual period _____

Do you go off sick with periods _____

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 _____