



**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 **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 Mosoni  
  
TENWEK HOSPITAL COLLEGE  
OF HEALTH SCIENCES  
P.O. Box 39-20400  
BOMET KENYA  
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 Living? Yes <input type="checkbox"/> No <input type="checkbox"/>	NAME OF MOTHER Living? Yes <input type="checkbox"/> No <input type="checkbox"/>	GUARDIAN 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  
KCSE SCORES: ENGLISH: \_\_\_\_\_ MATHEMATICS: \_\_\_\_\_ AND OTHER REQUESTED DOCUMENTS  
BIOLOGY: \_\_\_\_\_ RESULTS MUST BE ATTACHED

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:

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. \_\_\_\_\_

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 nurse.
3. 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

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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:

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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 \_\_\_\_\_