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 **Higher Diploma in Trauma and Emergency Nursing** which lasts for a period of two years. We are now taking applications for March 2027 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 18th December. 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. 368,150/=. 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

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 HIGHER DIPLOMA IN KENYA REGISTERED TRAUMA AND EMERGENY 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_____
(SPELL NAME OUT)

NAME OF FATHER Living? Yes___ No___	NAME OF MOTHER Living? Yes___ No___	GUARDIAN (WHAT RELATION) If applicable
_____	_____	_____
OCCUPATION _____	_____	OCCUPATION_____
ADDRESS:_____	_____	ADDRESS_____
MOBILE NO. _____	_____	MOBILE NO._____

B. SECONDARY OR HIGH SCHOOL YOU ATTENDED:

NAME OF SCHOOL	ADRESS	YEAR	MEAN GRADE ATTAINED

C. COLLEGES/ UNIVERSITYS ATTENDED:

NAME TRAINING INSTITUTION	ADRESS	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

_____

_____

_____

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 indicate if you are pregnant)

_____

_____

_____

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_____