



MATIBABU FOUNDATION

MARY ANN VAN DAM SCHOOL OF NURSING

APPLICATION FOR ADMISSION INTO NURSING TRAINING

KENYA REGISTERED COMMUNITY HEALTH NURSE (KRCHN)

Please complete this form in BLOCK LETTERS and return to: **The Principal, Matibabu Foundation Mary Ann van Dam School Of Nursing, P.O Box 230-40607, Ukwala.** Attach a Bank Slip of Kshs 1,000/= (non-refundable Application Fee) deposited at: **MATIBABU FOUNDATION, KCB / KISUMU WEST BRANCH, Account No. 112 - 814 - 4891**

Attach copies of the following:

1. Copy of KCSE / KCE certificate or result slip.
2. Copy of School Leaving certificate.
3. Copy of ID card / Passport.

THE APPLICATION WILL ONLY BE CONSIDERED IF THE ABOVE REQUIREMENTS ARE MET.

Section A: Applicant's Personal Details

1. Full Name _____
(Surname) (First name) (Middle name)
2. Date of birth (DD/MM/YYYY) __/__/____ Gender (tick✓): Male Female
3. Nationality _____ ID/Passport no: _____
4. Contact details: Postal address _____ Code _____ Town _____
5. Mobile no. a) _____ b) _____
E-mail address _____

Section B: Parent's/Guardian's information

1. Full Name _____
2. Postal address: _____ Code _____ Town _____
3. Mobile no. a) _____ b) _____
E-mail address: _____

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Section C: Applicant's Education Background

Please list all schools / colleges attended and qualifications obtained.

	Name of Secondary school /college	YEAR		Grade/qualifications obtained
		From	To	
1.				
2.				
3.				
4.				

Section D: Applicant's working experience (if applicable)

	YEAR		EMPLOYER	WORKS STATION/ DEPARTMENT	POSITION/ DESIGNATION
	From	To			
1.					
2.					
3.					
4.					

Section E: Applicant's declaration

I declare that the information given in this form is true and complete to the best of my knowledge.

Applicant's full name _____ ID / Passport no _____

Date _____ Applicant's signature _____

RECOMMENDATION (FOR OFFICIAL USE ONLY)		
Recommended for Interview?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Signed _____	Date and stamp _____	

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