

ORTUM MISSION HOSPITAL - SCHOOL OF NURSING, P.O BOX 15 – 30602, ORTUM, WEST POKOT. CELL PHONE: 072879345

EMAIL: <u>ortumnursingsch010@yahoo.com</u>

REF. OMHSN

DIPLOMA IN KENYA REGISTERED COMMUNITY HEALTH NURSING

APPLICATION FORM

INTAKE PERIOD

Please circle the preferred period of intake

March

September

PERSONAL DETAILS						
Name:						
(Surname)	(First Name)	(Other names)				
Nationality:	Nationality:					
Date of birth: Gender: Nationality						
Marital Status: Religion:						
CONTACT ADDRESS						
Address:Postal Code:						
Sub CountyCounty:						
Cell phone No:	Email:					
NEXT OF KIN/ PERSON RESPONSIBLE DURING THE ENTIRE TRAINING PERIOD						
Name.:	Re	elationship:				
Address:	Ро	stal Code:				
Sub County:County:						
Cell phone No:Email:						

EDUCATIONAL BACKGROUND

Please indicate your record of achievement in KCPE/KCSE or any other academic or

professional training qualification.

School attended	Course/exam	Course	Completion date	Grade/award
	(kcpe, kcse or	duration		obtained
	any other)			

K.C.S.E. DETAILS				
Subject	Grade			
Biology				
English				
Kiswahili				
Mathematics				
Chemistry				
Physics				

APPLICANT'S DECLARATION

How did you know about Ortum Mission Hospital School of Nursing (OMHSN)? Please

indicate by ticking ($\sqrt{}$) the correct option

Social media	Radio	Church announcements	
OMHSN Staff	OMHSN Student	Friends	
Other (Specify)		 	

Note:

- i. The duly filled form should be sent to the address below
- Attach the copies of KCSE and KCPE result slips, certificates and National ID/Passport/Birth Certificate

I declare that the above information provided and the documents attached are true, correct and complete. I acknowledge that providing false information or withholding relevant information may result in withdrawal from training at any given time the irregularity is recognized.

Name of Applicant: _____

Signature: ______Date: _____

FOR ANY INQUIRIES, please contact: The principal, Ortum Mission Hospital School of Nursing, P.O. Box 15-30602, Ortum.

Cell phone: 0792 879 345 Email: ortumnursingsch010@yahoo.com