

# 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