

Tenwek Hospital College of Health Sciences
P.O. Box 39-20400
Bomet

Phone: 0736-568177
020-2045542/0728-091900

Email: collegeofhealthsciences@tenwekhosp.org

Dear _____

Date: _____

Thank you for your request for an application to apply as a student at Tenwek Hospital College of Health Sciences. This is a programme to train **Registered Clinical Officers** which lasts 3 years. We are now taking applications for September 2020 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 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 checks accepted). If you send a money order or bank cheque, they must be made out to **Tenwek Hospital**.

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)

Alternative A

- English or Kiswahili C (plain)
- Biology C (plain)
- Chemistry C- (minus)
- Mathematics or Physics C- (minus)

Alternative B

- English or Kiswahili C (plain)
- Biological Sciences C (plain)
- Physical Sciences C- (minus)
- Mathematics C- (minus)

Please See The Back Side Of This Page For More Information

3. **All applications must be complete (including references).**
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).
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.

At present, the student's cost of this programme is KSh. 480,000/= this covers room, food and transportation to your clinical experiences. You are also required to pay textbook fee of KSh.15,000/= and uniform fee of KSh. 5,000/=. If you are accepted, a **non-refundable** deposit of KSh. 35,000/= and textbook fee of KSh. 15,000/= is to be sent prior to college's beginning. The remaining will be paid in installments.

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 Mosonik
Principal

Enclosure

JM:ak

**APPLICATION FOR REGISTERED CLINICAL OFFICERS PROGRAMME
TENWEK HOSPITAL COLLEGE OF HEALTH SCIENCES**

(9/2015, THCHS)

Date: _____

Have you applied to our college 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 _____ NAME OF MOTHER _____ GUARDIAN (WHAT RELATION) _____

Living? Yes ___ No ___ Living? Yes ___ No ___

If applicable

OCCUPATION _____ OCCUPATION _____

ADDRESS: _____ ADDRESS _____

MOBILE NO. _____ MOBILE NO. _____

NAME AND ADDRESS OF SECONDARY OR HIGH SCHOOL YOU ATTENDED: _____

NAME OF HEADMASTER _____

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:

- PASTOR OF YOUR CHURCH: Name: _____
Address _____ TEL./MOBILE NO. _____
- ANOTHER LEADER IN YOUR CHURCH (not a relative): Name _____
Address _____ TEL./MOBILE NO. _____
- A PERSON WHO IS **NOT** YOUR RELATIVE WHO HAS KNOWN YOU FOR MORE THAN FIVE YEARS: Name: _____
Address _____ TEL./MOBILE NO. _____

ESSAY QUESTIONS TO WRITE ON SEPARATE PAPER: **These must be handwritten**

- Describe when and how you became a Christian and what has happened since.
- Write a paragraph on why you want to be a Clinical Officer.
- Describe how a Clinical Officer can have a Christian witness.
- Write an essay on your family and community.
- Who will help pay for your school fees? What is their source of income?

FOR OFFICE USE ONLY

Appl. Fee _____
 K.C.S.E. _____
 School Leav. Cert. _____
 Essay Quest. _____
 Ref. Received _____



PAGE 2 Application for RCO programme - Tenwek Hospital College of Health Sciences

MEDICAL HEALTH HISTORY- To be filled by the applicant:

(5/2017 THCHS)

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 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 _____