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 Community Health Nurses which lasts 3 years. We are now taking applications for March 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)
   ● Mandatory Subjects: C (plain) in English or Kiswahili
   ● Mandatory Subjects: C (plain) in Biology (or Biological Sciences)
   ● Additional Subjects: C- in any of the following: Mathematics, Physics, Chemistry, Physical Science

3. All applications must be complete (including references) and in the school office by 15 August.

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. 490,000/= 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. 47,000/= 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 COMMUNITY NURSE PROGRAMME
TENWEK HOSPITAL COLLEGE OF HEALTH SCIENCES

(9/2015, THCHS)

Date: ________________________

Have you applied to our school 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 _________________________

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:

1. PASTOR OF YOUR CHURCH: Name: ___________________________ TEL./MOBILE NO. ______________

Address ____________________________

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. ______________

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 nurse.

3. Describe how a nurse can have a Christian witness.

4. Write an essay on your family and community.
5. Who will help pay for your school fees? What is their source of income? Ref. Received ______

6. How did you get to know about Tenwek College of Health Sciences (formerly Tenwek School of Nursing)

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

MEDICAL HEALTH HISTORY - To be filled by the applicant: (9/2015 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_____________________________