



CATHOLIC DIOCESE OF HOMABAY

ST. JOSEPH'S MISSION HOSPITAL

SCHOOL OF NURSING, MIGORI

Website: www.ombohospital.or.ke
Email: admin@ombohospital.or.ke

SEPTEMBER INTAKE

APPLICATION FORM

DIPLOMA IN KENYA REGISTERED COMMUNITY HEALTH NURSING (KRCHN)

ATTACH PASSPORT
SIZE PHOTO
HERE

Please complete this form and send to the Principal STJMH,SON-Migori P.O Box 250-40400 Suna. You can also mail to nursing@ombohospital.or.ke. The form should be filled in **BLOCK** letters. Attach copies of results slip/certificates, leaving certificates and ID/Passport/Birth Certificate/Waiting card .Attach Application Fee inform of a Banking slip of **Ksh.1,000(Non-refundable)** Payable to St Joseph's Mission Hospital Account No.01120048994900 at Co-operative Bank of Kenya ,Migori Branch.

SECTION A: Applicant's Personal Particulars

- i. Names as per ID/Passport/Birth Certificate.....
- ii. Postal Address.....Postal Code.....County.....Town.....
- iii. ID/Birth Cert No/Waiting Card No.....Gender: Male Female .
- iv. Name of next of Kin.....Relationship.....
- v. Nationality.....
- vi. Mobile telephone contact (1)..... (2).....

SECTION B: Course Application Details

Intake Info: September
Year

SECTION C: Applicant's Education Background:

School attended.....

Year of Exam.....Mean Grade/Equivalent.....

Grade per Subject:

English Kiswahili

Biology / Biological Sciences

Mathematics Physics

Chemistry.....

SECTION D:

Give a brief explanation as to why you are interested to pursue nursing as a course (Not more than 100 words)

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SECTION E: Disability Assessment:

i Do you consider yourself a person with disability? Yes No

If yes specify type: Physical Mental

(Please note that disability information is required for planning purposes and not criteria for selection)

ii Give details of the nature of Disability:

iii Do you suffer from any terminal illness? Yes No

If yes specify the condition.....

SECTION F: Applicant's Declaration:

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false will lead to automatic disqualification from consideration and/or prosecution.

Signature of Applicant..... Date.....