



# CATHOLIC DIOCESE OF HOMABAY

## ST. JOSEPH'S MISSION HOSPITAL

### SCHOOL OF NURSING - MIGORI

P O BOX 250-40400, SUNA – MIGORI.

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Website: [ombohospital.or.ke](http://ombohospital.or.ke)

PASSPORT PHOTO

HERE

#### APPLICATION FORM FOR ADMISSION INTO CERTIFICATE/DIPLOMA COURSE

**Please include the following when returning this form:**

- Certified photocopies of academic certificates: KCSE, Leaving certificate, ID/Passport/ Waiting card and Birth Certificate
- Application fee of **Ksh. 1500** (non-refundable):  
(All fees payable to St Joseph's Mission Hospital, Acc No. 01128048994900 at Co-operative Bank, Migori Branch. Attach Bank slip)
- Four recent passport photographs (attach one to the form)

#### **SECTION A:**

#### **PERSONAL INFORMATION**

**Please write legibly and in BLOCK LETTERS**

Name of Applicant: \_\_\_\_\_

**(First Name)**

**(Middle Name)**

**(Surname)**

Date Of Birth: \_\_\_\_\_ ID No. \_\_\_\_\_ Passport No. \_\_\_\_\_

Present Postal Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile No. (Personal): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Home address: \_\_\_\_\_

Home District: \_\_\_\_\_ Division: \_\_\_\_\_

Location: \_\_\_\_\_ Sub-location: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

#### **MARITAL STATUS**

Married/Single/Religious: \_\_\_\_\_

If married, name of spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

Postal address: \_\_\_\_\_

Number of children: \_\_\_\_\_ Their Ages: First: \_\_\_\_\_ Second: \_\_\_\_\_ Third: \_\_\_\_\_

**SECTION B**

Father's Name: \_\_\_\_\_

Alive/Dead: \_\_\_\_\_

If Alive, Occupation: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Postal address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Alive/Dead: \_\_\_\_\_

If Alive, Occupation: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Postal address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's Occupation: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Postal address: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Relationship with Guardian: \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Residence: \_\_\_\_\_

**SECTION C:**

**EDUCATIONAL BACKGROUND**

Secondary School Attended: \_\_\_\_\_ Date of KCSE: \_\_\_\_\_

Results: Mean Grade: \_\_\_\_\_

Individual Subjects: ENG: \_\_\_\_\_ KISW: \_\_\_\_\_

BIO: \_\_\_\_\_ CHEM: \_\_\_\_\_

MATHS: \_\_\_\_\_ PHYS: \_\_\_\_\_

Certificate Number: (If you may) \_\_\_\_\_

**SECTION D**

**COURSE YOU ARE APPLYING FOR:**

Tick (✓) against preferred course

\_\_\_\_\_ Diploma in Kenya Registered Community Health Nursing

\_\_\_\_\_ Diploma in Perioperative theatre Technology

\_\_\_\_\_ Diploma in Social Work and Community Development

\_\_\_\_\_ Certificate in Perioperative theatre Technology

\_\_\_\_\_ Certificate in Social Work and Community Development

**SECTION E**

**FOR THE RELIGIOUS APPLICANTS ONLY**

Name of Congregation: \_\_\_\_\_

Religious Superior: \_\_\_\_\_

Diocese: \_\_\_\_\_

Fax: \_\_\_\_\_ Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**SECTION F**

**PREVIOUS EMPLOYMENT EXPERIENCE**

Name of Employer: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION G: DISABILITY ASSESSMENT**

Do you consider yourself a person with disability: YES  NO

If yes, type of disability: Physical  Mental

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

Give details of the nature of disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you suffer from any terminal illness? YES  NO

**SECTION H: 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

**Applicant's name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I** \_\_\_\_\_ **Parent/Guardian/ Sponsor**

commit myself to pay all the fees to the University. Further I undertake to urge the applicant to abide by the College rules and regulations.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_