Tenwek School of Nursing
P.O. Box 39
Bomet

Phone: 0736-568177
020-2045542/0728-091900
Email: nursingschool@tenwek.com

Dear Date:

Thank you for your request for an application to apply as a student at Tenwek School of Nursing. This is a programme to train Registered Community Health Nurses which lasts 3 ½ years. We are now taking applications for March 2012 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 and Biology (or Biological Sciences)
   - Mandatory Subject: D (plain) in Mathematics
   - Additional Subjects: C- in any of the following: 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).

Please See The Back Side Of This Page For More Information

6. We accept applicants who belong to churches which are members of the Evangelical Fellowship of Kenya. Some examples of these churches are as follows:

Africa Evangelical Presbyterian Churches
Africa Gospel Church
Africa Gospel Evangelization, Inc.
Africa Gospel Unity Church
Africa Inland Church
Africa Liberty Church
Assemblies of God
Baptist Church of Kenya
Bible Study Fellowship
Chrisco Fellowship Church
Church of Christ in Africa
Christian Faith Centre
Deliverance
Faith Ministries and Churches International
Free Pentecostal Fellowship of Kenya
Free Methodist
Friends
Full Gospel Churches of Kenya
Maranatha
Methodist
Pentecostal Assemblies of Canada
Pentecostal Assemblies of God
Pentecostal Holiness Church
Power of Jesus Around the World
Power of the Holy Trinity Church
Presbyterian Church of East Africa
Redeemed Gospel Church, Inc.
Scriptural Holiness Mission
United International Life Ministries of Churches

7. We only accept applicants who are committed Christians.

At present, the student's cost of this programme is KSh. 450,000/= this covers room, food and transportation to your clinical experiences. You are also required to pay textbook fee of Ksh. 25,000/= and uniform fee of KSh. 5,000/=. If you are accepted, a **non-refundable** deposit of KSh. 50,000/= and textbook fee of KSh. 25,000/= is to be sent prior to school's beginning. The remaining will be paid in installments.

We are looking forward to getting your application according to the directions above. If you are selected for interview we will let you know at the address you provide for us.

Sincerely in Christ,

Dr. Mary E. Hermiz
Principal

Enclosure

MEH:ak

APPLICATION FOR REGISTERED COMMUNITY NURSE PROGRAMME
TENWEK HOSPITAL

(9/09, SON/TH) Date: _____

Have you applied to our school before? _____ When? _____ Did you come to interview? _____

FULL NAME (BLOCK LETTERS) _____ ID NUMBER _____
PRESENT MAILING ADDRESS _____MOBILE NO._____
_____
email address_____ _____DISTRICT _____

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	AND MOTHER	GUARDIAN (WHAT RELATION)
Living? Yes___ No___	Living? Yes___ No___	If applicable
OCCUPATION _____	_____	OCCUPATION_____
ADDRESS:_____		ADDRESS_____

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: _____
   Address_____ TEL./MOBILE NO._____
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?
6.How did you get to know about Tenwek School of Nursing?

FOR OFFICE USE ONLY
Appl. Fee _____
K.C.S.E. _____
School Leav. Cert. ____
Essay Quest. ____
Ref. Received _____

PAGE 2 Application for RCHN programme - Tenwek Hospital
MEDICAL HEALTH HISTORY- To be filled by the applicant: (9/2010 SON/TH)

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_____