

**1. APPLICATION FORM**

**(Please complete your details in Block Letters)**

Indicate by placing a tick on the course you are applying for:

1. Higher National Diploma in Paediatric Nursing
2. Higher National Diploma in Paediatric Critical Care Nursing**[ ]**
3. Diploma in Kenya Registered Community Health Nursing**[ ]**
4. Diploma in Perioperative Theatre Technology **[ ]**
5. Diploma in Psychosocial Counselling: Paediatric and Adolescent Option **[ ]**

Date of Course Commencement………………………….

**2. CERTIFICATE SHORT COURSES**

1. Certificate in Perioperative Theatre Technology **[ ]**
2. Emergency Medical Technician Course **[ ]**
3. Health Care Assistant Course [ ]
4. Paediatric Phlebotomy **[ ]**
5. European Paediatric Advance Life Support Life Support (EPALS)-RCUK **[ ]**
6. Paediatric Advance Life Support Life Support (PALS)-American Heart Association(AHA) **[ ]**
7. Basic Life Support(AHA) **[ ]**
8. First Aid **[ ]**

**3. PERSONAL DETAILS**

SURNAME……………………………… FIRST NAME………………………… MAIDEN NAME……**………………………..**

NATIONAL I.D/PASSPORT NUMBER…………………………………………………………………………………………

PERMANENT ADDRESS……………**………………………………………………………………..**

WORK ADDRESS……………………………………………………………….TEL……**…**…………………………………………...

E-MAIL ADDRESS………………………………………………………………………………………….

PERSONAL TELEPHONE (MOBILE)………………………………………..HOME……………………………………………..

RELIGION…**…**…………………….MARITAL STATUS… …………………….DATE OF BIRTH…**………………………..**

NEXT OF KIN…………………………….RELATIONSHIP……………**…**……………………………...

NEXT OF KIN’S ADDRESS……………**……**………………………….TEL……**…**……………………………………………..

**EDUCATION**

SECONDARY SCHOOL ATTENDED………………………………………………………………………………………………

DATE OF LEAVING………………………………………………………………………………………………………………..

CERTIFICATE OBTAINED…………………………………………………………………………………………………………..

CERTIFICATE NUMBER……………………………………………….GRADE OBTAINED…………………………………...

**FOR HIGHER DIPLOMA COURSES Applicants**

NAME OF TRAINING INSTITUTION………………………………………..INDEX NO…………………………………

QUALIFICATION…………………………………………………………….DATE……………………...................................

DATES OF TRAINING; FROM……**…………………………………………….**TO…………**………………………………..**

NAME OF TRAINING INSTITUTION………………………………………INDEX NO…………………………………..

QUALIFICATION…………………………………………………………………………………………..DATE………………………

DATES OF TRAINING; FROM………………………………………………….TO…………………………………………………

**WORK EXPERIENCE** (**SINCE TRAINING: GIVE DATES**)…**……………………………………………………………**

Nursing Council Enrollment/Registration Number: 1………………………………………………………………………

2………………………………………………………………………

Nursing Practice License: Number………….......................................Validity …………………………………………….

**4. CONSENT**

I hereby give consent for my personal Biodata to be used by the school to process my admission and any other related use.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID/NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

FOR OFFICIAL USE ONLY

PASSPORT SIZE PHOTOGRAPHS

The applicant has met the Admission Criteria YES **[ ] NO [ ]**

Application Fee paid YES **[ ] NO [ ]**

Non Refundable Application fee of Ksh.2000 /- paid through

ABSA Bank, Muthaiga Branch, Account No. **2023492817**

/MPESA Paybill **303030** Account **2023492817**

Return filled up form together with application fee slip to;

The Principal

Gertrude’s Institute of Child Health and Research

P.O. BOX 42325-00100

NAIROBI

Or Email it to: trainingschool@gerties.org