

INSTITUTE OF CHILD HEALTH & RESEARCH

**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 Psychosocial Counselling: Paediatric and Adolescent Option **[ ]**

**CERTIFICATE SHORT COURSES**

1. Emergency Medical Technician Course **[ ]**
2. Paediatric Phlebotomy **[ ]**
3. Certificate in Statistical Data Analysis (Select software you are interested in)
	1. SPSS **[ ]**
	2. STATA **[ ]**
	3. R + R Studio **[ ]**
4. European Paediatric Advance Life Support Life Support (EPALS)-RCUK **[ ]**
5. Paediatric Advance Life Support Life Support (PALS)-American Heart Association(AHA) **[ ]**
6. Basic Life Support(AHA) **[ ]**
7. First Aid **[ ]**

**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…………………………………...

**PROFESSION IF ALREADY WORKING………………………………………………………………………………………..**

**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 BASIC TRAINING:

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

2………………………………………………………………………

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

Signature**…………………………………………………...…**Date…………………………………………………..

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.1500/- paid through

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

Or

Mpesa: Lipa na Mpesa; **Paybill 303030 Account no. 2023492817**

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

**Kindly download and complete the application Form and return it together with application fee slip to;**

**The Principal**

**Gertrude’s Institute of Child Health and Research**

**P.O. BOX 42325-00100**

**NAIROBI**

**OR**

**Email to: trainingschool@gerties.org**