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. Higher National Diploma in Paediatric Oncology Nursing**[ ]**
4. Diploma in Community Health Nursing**[ ]**

Date of Course Commencement……..

2. CERTIFICATE SHORT COURSES

1. Emergency Medical Technician Course **[ ]**
2. Health Care Assistant Course **[ ]**
3. Paediatric Phlebotomy **[ ]**
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 **[ ]**

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 Institute to process my admission and any other training related use.

Name_____ ID/NO_____ Signature: _____

FOR OFFICIAL USE ONLY

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 **4162659** Account: **Your name and Program**

PASSPORT SIZE PHOTOGRAPHS

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

Email: trainingschool@gerties.org