



**P.C.E.A CHOGORIA
HOSPITAL**

CIC College

Document No.18

CH-CIC-FORM-18-0-1-2016



CLIVE IRVINE COLLEGE OF NURSING
APPLICATION FORM FOR
KRCHN (BASIC) PRE-SERVICE PROGRAMME

CANDIDATE No: _____

Please do not write in the space above

PLEASE COMPLETE THIS FORM USING CAPITAL LETTERS.

Name (In full).....ID.....

Sex....., if married, type of marriage ceremony.....Year.....

Date of birth day.....Month.....Year.....Age.....

Religion.....Denomination/ Church.....

Address P.O BoxTown.....Postal Code

Telephone- LandlineMobile.....

Fax.....E- Mail.....

County.....Sub-county.....

Name of your next of kin.....

Relationship of the next of kin.....

Address of the next of kin P.O Box..... Town.....Post code.....

Telephone - Landline..... Mobile.....

Fax.....

NAMES OF SCHOOL/ COLLEGE ATTENDED

Primary.....From.....To.....

Certificates obtained Marks

Secondary.....From.....To.....

Certificates obtained Grade

Any other relevant training
(specify).....

RECOMMENDATION BY THE CHURCH MINISTER

Full name of your Church Minister (Rev/ Pastor/Fr.....

Name of your Church.....

District/ Diocese.....Parish/ Circuit.....

P.O. Box.....Town.....Postal code.....

Signature of applicant.....Date.....

Recommendation by the Church Minister of the candidate’s suitability to train as a nurse at the

Clive Irvine College, P.C.E.A. Chogoria Hospital.

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Minister’s Signature.....Date.....

Institutional seal/stamp

**PLEASE ATTACH COPIES OF KCSE CERTIFICATE, ID CARD
AND LEAVING CERTIFICATE**