



## APPLICATION FORM

Please complete all sections of this form

### 1. Personal Details

Last Name: \_\_\_\_\_ Other(s) \_\_\_\_\_

Gender: \_\_\_\_\_, Nationality \_\_\_\_\_, ID number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Physical Address (for mail delivered by courier)</b>	<b>Permanent Home Address (if different address)</b>
<b>Telephone:</b>	<b>Country:</b>
<b>Email address:</b>	<b>City/town:</b>

### 2 Which program are you applying for?

a)

	<b>Name of Computer Package</b>	<b>Tick Relevant Box</b>	<b>Start Date</b>	<b>Date Completed</b>	<b>Student's Signature</b>	<b>Tutor's Signature</b>
1	Introduction to computers					
2	Windows					
3	Ms. Word					
4	Ms. Excel					
5	Ms. Access					
6	Ms. Power point					
7	Ms. Publisher					
8	Ms. Adobe					
9	PageMaker					
10	Ms. Outlook					
11	Ms. Info Path					
12	Ms. Picture Manager					
13	Email & Internet					
	<b>Certification</b>					
	<b>Certificate Received</b>					

a) Other tailor made courses specify \_\_\_\_\_

2. Please indicate your source of funding: \_\_\_\_ Self sponsored, \_\_\_\_ Employer

a. If employer kindly provide details

\_\_\_\_\_  
\_\_\_\_\_

b. If other agency specify

\_\_\_\_\_  
\_\_\_\_\_

3. Academic and professional qualifications (Please start with most recent):

Qualification	Title of the course	Institution	From – To	Final grades

**\*\*\*\*\* Please enclose certified copies of your certificates and bring the originals**

5. Employment history (please start with the most current/recent) Optional

Position	Name of the Address From – to organization		

6. Briefly describe your current employment:

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7. State the reason for selecting this program and how you expect to benefit from the program in your future work

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8. Please provide contact information for your referees

Name	Address	Capacity in which he/she is known

9. Indicate Your proficiency in the languages you speak and write

Language	Very good	Good	Adequate

10. How did you hear about WAKA Continuing Medical Education Centre and the program you are applying for

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**Please attach the following**

**NOTE: Bring the original certificates and ID or passport**

- i. Certified copies of your National ID/passport
- ii. Certified copies of your certificates
- iii. 2 Colored passport photos
- iv. Curriculum Vitae (not applicable if recent high school)
- v. Certified School leaving certificate
- vi. Copies of academic and professional certificates (not applicable if recent high school)
- vii. Three letters of recommendation from three referees (not applicable to recent high school graduates)
- viii. Where English was not the medium of instructions, please produce a certificate of proficiency in English from a recognized English Language Examination Board (ELEB)
- ix. Application processing fee of Ksh. 2,000/= Or US \$ 50 for foreign students (in bankers cheque in honour to WAKA Continuing Medical Education Centre) and if you are in Nyeri bank at the account below:

**Bank Name:** Biashara Sacco Nyeri Branch

**Account Name:** WAKA Continuing Medical Education Centre

**LTD Account number:** 0064-32-30983

**or**

**Name of Bank:** Equity Bank, Nyeri Branch

**Account Name:** WAKA Continuing Medical Education Center

**Account number:** 0110260455177

**Declaration:**

I certify that the statements made on this form are correct and that if admitted I will conform to the institutions rules and regulations. I understand that if admitted, I must pay the entire fee due to the institution as stipulated.

**Signature of the applicant:** \_\_\_\_\_, **Date:** \_\_\_\_\_

**Deadline for applications:** \_\_\_\_\_

**Deliver the application to:** WAKA Continuing Medical Education Centre in Ruring'u of Nyeri County **OR** Send through post addressed to:

**The Director/CEO,**

WAKA School of Nursing and Midwifery

P.O Box 188, 10100 Nyeri, Kenya