



APPLICATION FORM

Please complete all sections of this form

1. Personal Details

Last Name: _____ Other(s) _____

Gender: _____, Nationality _____, ID number _____

Date of Birth ____/____/____

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

2. Which program are you applying for?

a) _____

b) Other tailor made courses specify _____

3. Please indicate your source of funding: ____ Self sponsored, ____ Employer

a. If employer kindly provide details

b. If other agency specify

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

| Qualification | Title of the course | Institution | From – To | Final grades |
|---------------|---------------------|-------------|-----------|--------------|
| | | | | |
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WAKA Continuing Medical Education Centre (CMEC) – P. O Box 188 -10100, Nyeri Kenya.

Email: wakacmec@gmail.com; wachuka.kamunya@gmail.com

Website: www.wakamedcenter.org; [WAKA CMEC Facebook](#)

Phone: (+254) 707 472152 (+254) 722 963213 (+254) 788307979

******* 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:

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

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. 1,000/= (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

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