

## **KENYA SCHOOL FOR INTEGRATED MEDICINE (KSFIM)**

Applications are invited from qualified candidates for admission into Medical Courses for the academic year 2014/2015.

### **Application guidelines:**

1. Application forms can be obtained from the KSFIM facebook site ([www.facebook.com/kenyaschoolforintegratedmedicine](http://www.facebook.com/kenyaschoolforintegratedmedicine)), and at the office at the KSFIM campus in Kwale. You can also request for a form by email: [info@4kenya.org](mailto:info@4kenya.org).
2. Candidates must submit duly filled KSFIM application form.
3. The candidates MUST indicate clearly TWO preferred courses in order of priority (1st and 2nd) in the application form.
4. Candidates are advised to attach legible Photostat copies of academic certificates/results slip, school leaving certificate and national identity card/birth certificate.
5. Applications must be accompanied by a non-refundable fee of KShs. 1,000,= OR US\$ 20 for non-Kenyans. Payable to 4Kenia Trust Registered Trustees Account No. 7800000857 at Diani Beach Branch. IBAN: GB61CITI18500808558299, BIC: IMPLKENA. One should send an original banking slip and NOT the photocopy).
6. Application fee does not guarantee admission and is not refundable.
7. Candidates should provide reliable and permanent mailing address with postal codes for any future contact.
8. Applications should be sent so as to reach the Director on or before 24<sup>th</sup> of August, 2014.
9. Duly completed application-forms may be hand delivered to the KSFIM headquarter offices in Kwale.
10. Applications should be sent to:  
Director, Kenya School for Integrated Medicine (KSFIM) P.O Box 147 - 80403 Kwale

### **Important points to note:**

- Letters of admission will be mailed directly to the selected candidates through the address provided in the application form.
- Further information may be obtained from the KSFIM website [www.kenyaschoolforintegratedmedicine.org](http://www.kenyaschoolforintegratedmedicine.org) or via email enquiries to: [info@4kenya.org](mailto:info@4kenya.org)



# KENYA SCHOOL FOR INTEGRATED MEDICINE

APPLICATION FORM FOR PRE-SERVICE CANDIDATES  
(CERTIFICATE PROGRAMMES 2014/2015 ACADEMIC YEAR)

S/No. \_\_\_\_\_ (for reference)

Please complete this form and send to the Director, Kenya School for Integrated Medicine (KSFIM) P.O Box 147 - 80403 Kwale. The form should be filled in BLOCK letters. Attach copies of results slip/certificates, leaving certificates and ID/Passport/ Birth Certificate/Waiting card. Attach Application Fee in form of a Banking slip or Bankers Cheque of KShs. 1,000,= (\$20 for Non-Kenyans). Payable to The Director Kenya School for Integrated Medicine Account No. 4Kenia Trust Registered Trustees Account No. 7800000857 at Diani Beach Branch. IBAN: GB61CITI18500808558299, BIC: IMPLKENA.

### SECTION 1: Applicant's Personal Particulars

A. Names as per ID/Passport/Birth Certificate:

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B. Postal Address: ..... Postal Code: .....

Town: .....

C. ID/Birth Cert. No/Waiting Card No:..... Gender: Male:  Female

D. Name of next of Kin: ..... Relationship: .....

E. Nationality: ..... County: .....

District/Sub-County: ..... Constituency: .....

F. Mobile telephone contact (1) ..... (2) .....

### SECTION 2: Course Application Details: Indicate 2 Choices ONLY in order of Priority:

1st Choice: Certificate in: .....

2nd Choice: Certificate in: .....

### SECTION 3: Applicant's Education Background: (Attach copies of certificates)

Name of School Attended: .....

Year of Exam: ..... Mean Grade/Equivalent: .....

**SECTION 4: Disability Assessment:**

A. Do you consider yourself a person with disability?  Yes  No

B. Type/Class: Physical  Mental

(Please note that disability information is required for planning purposes and not criteria for selection)

C. Give details of the nature of Disability:

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**SECTION 5: Application fee details**

Mode of payment:

Banking Slip  Bankers Cheque

Money Order

Banking Slip/Banker's Cheque/Money Order No .....

Amount (KShs).....

**SECTION 6: Applicant's Declaration:**

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false will lead to automatic disqualification from consideration and/or prosecution.

Signature of Applicant..... Date.....

**THIS FORM IS NOT TRANSFERABLE AND ISSUED FREE OF CHARGE**