**KENYA SCHOOL FOR INTEGRATED MEDICINE**

APPLICATION FORM

(CERTIFICATE AND DIPLOMA PROGRAMMES 2019 ACADEMIC YEAR)

Please complete this form and send to:

The Director, Kenya School for Integrated Medicine (KSIM) 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 KSH. 1,000, Payable to the college bank account:

**KCB KWALE BRANCH, A/C NUMBER 1172225893, A/C NAME: KENYA SCHOOL FOR INTEGRATED MEDICINE, OR PAY BILL NUMBER 716997**

SECTION 1: Applicant’s Personal Particulars

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

………………………………………………………………………………….……………………………………………………

B. Postal Address: ………………………………..……………………… Postal Code: ……........................ Town: ……………………………………………………………………………

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

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

E. Nationality: ……………….…………………………… County: ………………………….……………………… District/Sub-County: ………………………………. Constituency: …………………………….………………

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

SECTION 2: Course of Choice. (You can select more than one: Highlight your preferences)

1. Certificate/Diploma in: COMMUNITY HEALTH AND DEVELOPMENT
2. Certificate/Diploma in: COMMUNITY DEVELOPMENT AND SOCIAL WORK
3. Certificate/Diploma in: ICT and HEALTH INFORMATICS
4. Diploma in: COUNSELLING PSYCHOLOGY
5. Certificate/Diploma in: NUTRITION AND DIETETICS

(Entrance requirements: Certificate courses: D+ (D for nutrition with clusters): Diploma courses: C - )

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

Name of School Attended: ………………………………………………..………………………………………….

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

SECTION 4: Disability Assessment:

1. Do you consider yourself a person with disability? O Yes O No
2. Type/Class: Physical O Mental O

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

1. Give details of the nature of Disability:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

SECTION 5: Application fee details

Mode of payment:

Paybill number: 716997. A/C No. Student name ……………………………………..

Banking Slip/Banker’s Cheque/Money Order No………………………………

Amount (KSH)………………………………..

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

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