**KENYA SCHOOL FOR INTEGRATED MEDICINE**

APPLICATION FORM

(CERTIFICATE AND DIPLOMA PROGRAMMES ACADEMIC YEAR 2021 -2022)

TO: …………………………………………………………………………………………………………………………………

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 parent/guardian: ………………………………………………..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 (D plain and C -)
2. Certificate/Diploma in: SOCIAL WORK AND COMMUNITY DEVELOPMENT (D+ and C-)
3. Certificate/Diploma in: NUTRITION AND DIETETICS (D plain and C- with clusters)
4. Diploma in COUNSELING PSYCHOLOGY (C-)
5. Certificate in HORTICULUTRE (D plain)

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

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

Year of completion: ……………………..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
3. Give details of the nature of Disability:

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

SECTION 5: Application fee details

Mode of payment:

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

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

Amount (KSH)……………………………………………………………………………………………………………………..

SECTION 6: REFERRAL

Give the name and phone number of who referred you to the school ……………………………………………………………………………………………………………………………………………

SECTION 7: 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