

APPLICATION REF. NO

Telephone: 0722436961
www.codebluemedical.co.ke
info@codebluemedical.co.ke

Affix one of your
Current passport
size photograph
here

Code Blue Medical Training Institute

ADMISSION FORM TO MEDICAL TRAINING STUDIES (SELF-SPONSORED STUDENTS)

For further information on application procedure refer to www.codebluemedical.co.ke

One copy of this form should be completed and returned/sent to the Academic Registrar. The form should be typed or completed in Block letters. Attach one passport size photographs, 1 copy of Result Slip / or Certificates, Copy of National ID and 1 copy of application fee deposit slip.

SECTION A – Application Fees Payment Details (As shown in the bank deposit slip)

- i) Account No. Branch Deposit Date (DD/MON/YYYY)
- ii) Transaction No Narratives Amount Paid

SECTION B – Course Application Details

- i) Name of Certificate/Diploma/Degree course applied for
- ii) Mode of Study (Full Time/ Part Time-Evening / Distance / School Based)
- iii) Study Centre (Nairobi)
- iv) Faculty/ School/Institute
- v) Intake Year..... Month.....

SECTION C – Applicant's Personal Details

- i) Names (*in full*).....
(Surname) (First Name) (Second /Other Names)
- ii) Address Postal Code..... Town/City..... Country.....
Telephone..... Fax E-Mail
- iii) Date of Birth (DD / MON / YYYY) Gender:
- iv) Marital Status Nationality Religion.....
- v) National I.D..... Passport No
- vi) Name of Next of Kin Relationship
- Address Postal Code..... Town/City..... Country.....
Telephone..... Fax E-Mail
- vii) Emergency Contact (Name)
- Address Postal Code..... Town/City..... Country.....
Telephone..... Fax E-Mail



SECTION D – Applicant’s Education Background

Please list all Schools / Colleges you have attended:

	Sec & Post –Sec Schools and Address	From (Year)	To (Year)	Examining Body	Qualifications Obtained	Index No. / Exam Reg. No.
1.						
2.						
3.						

PLEASE ATTACH CERTIFIED COPIES OF CERTIFICATES, ACADEMIC TRANSCRIPTS AND RESULT SLIPS.

SECTION E – Applicant’s Working Experience

Record of Employment

YEAR		EMPLOYER	DESIGNATION	NATURE OF ASSIGNMENT
FROM	TO			

SECTION F – Applicant’s Referees

Give names and addresses of two referees.

- i) Name
- Address Postal Code..... Town/City..... Country.....
- Telephone..... Fax E-Mail
- ii) Name
- Address Postal Code..... Town/City..... Country.....
- Telephone..... Fax E-Mail

SECTION G – 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 would lead to automatic disqualification.

Applicant’s Full Name..... ID/Passport No.....

Date..... Applicant’s Signature.....

SECTION H – Recommendation (For official use only)

RECOMENDED / NOT RECOMENDED

Signed Date and Stamp:

Dean/Director, Faculty/School/Institute

