

# CODE BLUE MEDICAL TRAINING INSTITUTE

## APPLICATION FORM

Please download, complete and email this form to [info@codebluemedical.co.ke](mailto:info@codebluemedical.co.ke)

Please attach copies of your I.D/ Passport and High School Certificate or higher Academic Certificate

The subject of the email should read: Application Form - Full Name

The form should be filled in BLOCK LETTERS ONLY.

### COURSE SELECTION

Kindly state the course you wish to pursue

### SECTION A: APPLICANT'S PERSONAL PARTICULARS

i. Name as per ID/ Passport:

ii. Postal Address

Postal Code:

City:

iii. ID/ Passport No.:

iv Gender: Male

Female

v. Name of next of kin:

Relationship

vi. Nationality:

vii. Mobile Number (1):

Mobile Number (2):

### SECTION B: APPLICANT'S EDUCATIONAL BACKGROUND

Last School Attended:

Year of Final Exam:

Qualifying Grade:

### SECTION C: DISABILITY ASSESSMENT

i. Do you consider yourself a person with a disability? Yes  No  Type/ Class:

Physical

Mental

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

ii. Give details of the nature of your disability:



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CBD Branch: City House, 7th Floor - Admissions | Enquiries: [info@codebluemedical.co.ke](mailto:info@codebluemedical.co.ke)

Website: [www.codebluemedical.co.ke](http://www.codebluemedical.co.ke)

## PAYMENT INSTRUCTIONS

Mode of  
payment:

**MPESA: PAY BILL**  
BUSINESS NUMBER: 880100  
ACCOUNT NUMBER: 123321

MPESA CONFIRMATION CODE:

### **Be Advised:**

For Bank Deposits kindly attach your bank deposit slip along with all the other requirements and send to [info@codebluemedical.co.ke](mailto:info@codebluemedical.co.ke)

For Mpesa payments, kindly forward your Mpesa confirmation message to +254 720091842 and indicate your Mpesa confirmation code on the space allocated above then send the other requirements to [info@codebluemedical.co.ke](mailto:info@codebluemedical.co.ke)

(All payment details can be found on the Apply Here section on our website or send an email to: [info@codebluemedical.co.ke](mailto:info@codebluemedical.co.ke) or call: +254 720091842 for more details

## SECTION E: APPLICANT DECLARATION

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

Name of Applicant:

Signature:

Date:



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