Seventh Avenue
School of Nursing and Clinical Sciences Institute

New Student Admission Form

N/B: Non Refundable Application Fee of **ksh. 1500** Pay to Mpesa Paybill: **400222** A/c Number: **873395#NAME**

Section 1: Personal Information

1. **Full Name:**
   - First Name: …………………………………………………………………………………
   - Middle Name:…………………………………………………………………………………
   - Last Name:……………………………………………………………………………………
2. **Date of Birth:**……………………………………………………………………………….
3. **Gender:**
   - ☐ Male
   - ☐ Female
   - ☐ Other
4. **National ID/Passport Number:**……………………………………………………………
5. **Nationality:**………………………………………………………………………….
6. **Contact Information:**
   - Phone Number:……………………………………………………………………….
   - Email Address:……………………………………………………………………….
7. **Permanent Address:**
   - Street:………………………………………………………………………………
   - City/Town:…………………………………………………………………………….
   - Postal Code:…………………………………………………………………………….
   - Country:………………………………………………………………………………
8. **Current Address (if different from Permanent Address):**
   - Street:………………………………………………………………………………
   - City/Town:…………………………………………………………………………….
   - Postal Code:…………………………………………………………………………….
   - Country:………………………………………………………………………………
9. **Emergency Contact:**
   - Name:………………………………………………………………………………….
   - Relationship:……………………………………………………………………………
   - Phone Number:………………………………………………………………………….

○ Email Address:……………………………………………………………………………

Section 2: Academic Information

1. **Program Applied For:**
   ☐ Diploma in Nursing
   ☐ Diploma in Clinical Medicine and Community Health
   ☐ Diploma in Perioperative Theatre Technology
   ☐ Diploma in Emergency Medical Technician (EMT)
   ☐ Others (Please specify):
2. **Previous Education:**
   ○ High School Name: ……………………………………………………………
   ○ Year of Graduation: ……………………………………………………………
   ○ KCSE Grade/Score: …………………………………………………………………
3. **Other Qualifications:**
   ○ Institution Name:…………………………………………………………………
   ○ Degree/Diploma:………………………………………………………
   ○ Year of Completion:……………………………………………………………
4. **Extracurricular Activities and Achievements:**

Section 3: Health Information

1. **Do you have any medical conditions or allergies we should be aware of?**
   ☐ Yes (Please specify):
   ☐ No
2. **Do you require any special accommodations?**
   ☐ Yes (Please specify):
   ☐ No

Section 4: Financial Information

1. **How do you intend to finance your education?**
   - ☐ Self-sponsored
   - ☐ Scholarship
   - ☐ Loan
   - ☐ Other:
2. **If on Scholarship/Loan, please specify the provider:**……………………………………

Section 5: Additional Information

1. **Why do you want to join our institution? (Briefly explain):**
2. **Have you ever been convicted of a criminal offense?**
   - ○ Yes
   - ○ No
3. **References:**
   - ○ Name:
   - ○ Relationship:
   - ○ Contact Information:

Declaration and Signature

I hereby declare that the information provided in this application form is true and correct to the best of my knowledge. I understand that providing false information may result in the rejection of my application.

Applicant Signature:

Date:……………………………………………………………………………………

Office Use Only

- ● Application Received By:………………………………………………………………………

- Date:………………………………………………………………………………
- Application Status:……………………………………………………………………………
- Remarks:……………………………………………………………………………