



**Sister Leonella Consolata Medical College**  
**APPLICATION FORM FOR PRE-SERVICE AND IN-SERVICE CANDIDATES**

**APPLICATION FORM FOR ACADEMIC YEAR 2023**

Please complete this form and send to the Principal, Sister Leonella Consolata Medical College P.O. Box 25 – 10100 Nyeri. The form should be filled in **BLOCK** letters. Attach copies of result slip/certificates, leaving certificates and ID/Passport/Birth Certificate/ Waiting Card. Attach Application Fee in form of a Banking slip of **Ksh. 1,000** Payable to the **College Account No. 0110272520690, Equity Bank, Nyeri Branch or Account No. 0102001573700, Standard Chartered Bank, Nyeri Branch.** You can also pay application fee via M-Pesa (see details in section E of this form).

**SECTION A: Applicant's Personal Details**

- i) Names as per ID/Passport/Birth Certificate: .....
- ii) Postal Address: ..... Postal Code: ..... Town: .....
- iii) ID/Birth Cert. No. /Waiting Card No. .... Gender: Male [ ] Female [ ]
- iv) Name of the Guardian/Sponsor: ..... Relationship: .....
- v) Nationality: ..... County: ..... District/Sub-County: .....
- vi) Denomination: Catholic [ ] Protestant [ ] Other (specify) .....
- vii) Mobile telephone contact: Student: ..... Guardian: .....

**SECTION B: Course Application Details: Indicate 2 Choices ONLY in order of Priority:**

- 1<sup>st</sup> Choice: Diploma in: ..... 2<sup>nd</sup> Choice: Diploma in: .....
- 1<sup>st</sup> Choice: Certificate in: ..... 2<sup>nd</sup> Choice: Certificate in: .....
- 1<sup>st</sup> Choice: Higher Diploma in: .....

**SECTION C: Applicant's Education Background: (Attach copies of certificates)**

School Attended ..... Year of Exam ..... Mean Grade/Equivalent: .....

College/University Attended: ..... Year of Graduation: ..... Overall Score: .....

**SECTION D: Disability Assessment (for planning purposes only)**

- i) Do you consider yourself a person with disability? Yes [ ] No [ ] Type/Class: Physical [ ] Mental [ ]
- ii) Give details of the nature of Disability: .....

**SECTION E: Application Fee Details**

Mode of payment: Banking Slip [ ] Mpesa: [ ]

Banking Slip/Mpesa Ref. No. .... Amount (Ksh) .....

(Note: For those paying via M-Pesa, Go to MPESA on your phone, select Lipa na Mpesa, Select Pay Bill, enter Business Number as 339327, enter the student's names as the account number, then enter the amount – Ksh.1,000. Wait for a message from M-pesa and enter the confirmation code in the space above).

**SECTION F: 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: .....

**For official use only**

Accepted [ ] Rejected [ ]

Reason (if rejected) .....

.....

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Courses Offered:**

**Higher Diploma**  
Nephrology Nursing

**Diploma**  
Kenya Registered Community Health Nursing  
Kenya Registered Nursing and Midwifery  
Perioperative Theatre Technology  
Community Health

**Certificate**  
Perioperative Theatre Technology  
Social Work and Community Development  
Nutrition and Dietetics